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SPECIAL NOTICE TO MEMBERS.

Every member is requested to preserve this "Supplement," which contains matters specially referred to Divisions, until the subjects have been discussed by the Division to which he belongs. BY ORDER.

MATTERS REFERRED TO DIVISIONS.

REPORT TO THE DIVISIONS, WITH QUESTIONS, ON THE 1914-15 BUDGET PROPOSALS WITH REGARD TO DEVELOPMENTS IN THE MEDICAL SERVICE OF THE INSURANCE ACTS.

1. As the Government has announced its intention of providing money for certain important extensions of the medical service under the Insurance Acts, and as it is important that the opinion of the Divisions on certain questions should be elicited without delay, the Council has authorised the Future Developments of the Insurance Acts Committee to issue this Report with a view to obtaining the opinion of the profession on certain questions arising therein.

2. The Committee recognises that the Government may find itself faced by a strong demand by the Approved Societies for some re-adjustment of the conditions of medical service. Two circumstances may combine to precipitate this demand, viz.:

(a) The approaching termination of the period of three years during which the Government undertook to provide a Treasury Grant of 2s. 6d. a head towards the cost of medical benefit (January, 1916). The grants for the calendar years 1913 and 1914 have already been paid out and the grant for 1915 is contained in the Budget for this year and will be voted in the Finance Act to be passed in the present session of Parliament. Therefore, when the Budget which will be introduced next April is under consideration of the Government towards the end of this year (1914) the question of continuing, increasing or reducing the grant will come under the consideration of the Treasury.

(b) The complaints which have been made as to the excessive claims for sickness benefit, and the consequent fears which have been expressed as to the stability of the Approved Societies.

3. The second mentioned circumstance has been used with increasing frequency of late, even by some members of the profession itself, as a ground for advocating a whole time medical service. It is urged that if doctors were the servants of the State there would be no suspicion of unnecessary certification for the purpose of gaining favour with patients. The administrative ease with which it is believed a whole time medical service could be administered is advanced as another argument for its introduction.

4. It is also suggested that the different branches and specialties of medicine could be dealt with by whole time specialists and senior members of the Service, and that in this connection the State should take over the hospitals.

5. If a whole-time service were established, it is hardly conceivable that it should be limited to the insured alone. The dependants would undoubtedly be included in its field of work, which would consequently correspond to the whole of the population, excluding the well-to-do, who, though they might theoretically have the same right to make use of it, would usually elect to make private arrangements.

6. Remote and undesirable as any such developments may appear to the majority of the profession, it is to be noted that the volume of advocacy of such changes has been increasing of late, and that some influential names are associated with the movement.

7. The Committee by no means apprehends that any serious attempt is likely to be made to substitute any such system for the panel system in the near future. But it is concerned to note that many of the minor developments of the Insurance Act and alterations in the conditions of medical work which are following in its train are coloured by a tendency which would find its fullest development in a complete whole-time service. This tendency is exemplified by (a) the appointment of whole-time tuberculosis officers—the first instalment of whole-time

specialists; (b) tuberculosis dispensaries; (c) the appointment of whole-time medical referees, a development which is advocated by the Association and the medical profession generally.

8. The Committee therefore thinks that the time has come when the profession should adopt clear views of the direction in which it desires the service which it offers to the public to develop, in order that each step may be taken, not as mere opportunist considerations dictate, but in a direction which tends consistently towards the end to which the profession has decided to press forward.

9. In saying this, the contentment of a large section of the profession with the present financial returns of the panel system, together with what remains of private practice on the old lines is not ignored. The Committee knows that large numbers of individuals in the profession only ask to be left alone. But the Committee must point out that the indications are strong that a policy of *laissez faire* will be imprudent, that to adopt it is to court defeat and the delivery of the future of medical life into the hands of the bureaucracy, and that, whilst the conditions at present are satisfactory to a large number of individual doctors, they have resulted in substantial injustice to another considerable section.

10. To assist the profession to decide on the direction in which it desires development to take place the Committee would point out that there seem to be three main methods by which medical benefit could be administered :—

I. The present Panel System, *i.e.*, a capitation contract arrangement.

II. A State Medical Service, briefly referred to above.

III. A third system which would retain some of the features of private practice. No complete concrete example of this can be pointed to; but the following considerations and questions, which the Committee trusts the Divisions will discuss and answer, may serve to assist the Committee to formulate the principles on which such a system might be based.

11. The Insurance Act is not likely to be repealed, and therefore advance towards a system of National Health Insurance really worthy of the name must be made on the basis of the present Acts—by way of amendment of the Acts and Regulations.

12. The first step is therefore to schedule the defects of the present Act. They fall into two groups, one concerning the incomplete provision made by the Act for the higher and special branches of medical work, and the other concerning the excessive claims for sickness benefit and medical attendance.

I.—Incomplete Provision of the Act for the Higher and Special Branches of Medical Work.

13. The Committee recognises :—

(a) That the failure of the present Insurance Act regulations to provide for the higher and special branches of medical work is a matter calling urgently for remedy.

(b) That the remedy will necessarily involve the organisation of special out-patient departments, treatment centres (clinics) or other appropriate arrangements in association with the hospitals on the one hand and with insurance practice on the other.

(c) That insured persons should have a right to proper institutional medical treatment for which, however, no provision is made under the present Insurance Acts. It has been suggested that arrangements might be made between Insurance Committees and the voluntary hospitals existing in their areas, for the treatment in the latter of insured persons at an agreed rate per head for all patients received, the Insurance Committee giving to the hospital authorities an undertaking as to the minimum annual sum it will be prepared to guarantee. Such an arrangement would justify hospital authorities in providing more beds where necessary, and the suggestion has been made, as to which the Committee desires the opinion of the Divisions, (Question I. (b)), that the necessary capital expenditure might be met under an arrangement by which the Government lent the money for the buildings and equipment at a low rate of interest, this interest and a sinking fund for repayment of capital being met by the payments from the Insurance Committees and any other public authorities which sent subsidized patients into the hospitals. This method has been suggested as a means whereby the shortage of hospital accommodation which undoubtedly exists in some districts might be met, while at the same time the voluntary character of the hospitals might be preserved. The Boards of Management of voluntary hospitals have always feared that if they accepted money from the Government or from local authorities in return for stated services, these authorities would demand to exercise a large measure of control through representatives appointed to the Boards. With regard to the State it is submitted that the power of inspection before a grant was made and afterwards, analogous to that exercised by the Board of Education in respect of grants to Universities and Colleges would be sufficient; and with regard to local authorities, that the interests of all of them would be safeguarded by the fact that it would be the duty of a local authority, namely the Insurance Committee, or the proposed new Joint Committee, to make the arrangements in respect of insured persons, and that that Committee would only make arrangements with well-conducted hospitals which satisfied all requirements.

(d) If a local authority, or the State by direct payment, made provision for the treatment of certain classes of patients in voluntary hospitals, such patients could not be considered charitable cases, and the services of the medical staffs of the hospitals should therefore receive pecuniary recognition.

II.—Excessive Claims for Sickness Benefit and for Medical Attendance.

14. It has been freely alleged that there is a considerable abuse of sickness benefit and an unnecessary demand for medical benefit by insured persons. On the other hand, it is maintained, and the Committee believes with truth, that the increased demand for both medical and sickness benefits, beyond that anticipated by the actuarial estimates, is due to the fact that before the Insurance Act came into force there was a large amount of sickness which was inadequately treated, or went altogether untreated. There may be other causes, not yet elucidated, for the increase. The question for the profession is whether it believes that the present system tends to encourage the insured person to consult the doctor for unnecessarily trivial complaints and so to foster valetudinarianism. If so, then it would obviously be the duty of the Association to press for the adoption of some system which would give the patient a direct interest in restricting his recourse to the doctor to occasions when this was really necessary. On the other hand it may be held that the best plan in the long run is to allow the patient free recourse to the doctor without any barrier whatever, on the ground that it is better that the doctor should see the patient early even in trivial ailments, and that in any case the patient is not a competent judge as to whether his complaint is trivial or not.

Proposed Early New Developments in the Medical Treatment given under the Insurance Acts.

15. The following table summarises the proposals in the Budget for Grants in Aid and the manner of their expenditure :—

	Totals.	
	1915-16.	This Year.
I. *Public Health Grant in Relief of Rates*.. For Housing. „ Small holdings. „ Tuberculosis. „ Hospitals.	£4,000,000 (England and Wales, £3,200,000)	£1,300,000
II. *Special Grants in Aid* .. .. .. For Tuberculosis (arrangements for dependants and others). „ Clinical (pathological) laboratories „ Nursing	£750,000	£250,000
	(£250,000)	(£50,000)
III. *Insurance* .. .. For Medical Referee-Consultants. „ Clinics. „ Health lectures. „ Society deficiencies (women especially). „ Deposit contributors.	£1,250,000	£1,000,000

(I.) *Public Health Grant in Relief of Rates* is based upon paying twenty-five per cent. of the net expenditure in connection with housing, sanitation, and other public health duties the grant will presumably be paid to Councils of Counties or County Boroughs or to Public Health Authorities. In regard to hospital provision no definite scheme appears to have been framed.

(II.) *Special Grants in Aid.*—The grants under this head apply to the whole population and not to insured persons only.

(III.) *Insurance* applies to insured persons only.

16. It is probable that a proposal will be made to hand over II. (Special Grants in Aid) to the Councils of Counties and County Boroughs, and that the allocation shall be determined by the Local Government Board. The Councils of Counties and County Boroughs will probably be disposed to administer the new services as part of their public health work, either directly or through local public health authorities. This policy is likely to be favoured partly on the grounds of alleged greater convenience, and partly because certain arrangements, *e.g.*, for tuberculosis and clinical laboratories, are at present being administered in some areas by these authorities. It will probably be proposed that III. (Insurance Grants) should be administered by the Insurance Commissioners, either directly or through the County Insurance Committees.

17. The Committee is of opinion that to place arrangements which are mainly clinical under the care of an authority whose work is mainly concerned with sanitation and whose medical adviser, the Medical Officer of Health, tends by the steady imposition on him of more and more administrative duties to be forced out of actual personal participation in clinical work, would be a mistake. Such a course would tend to overburden an officer already fully occupied and would in the opinion of the Committee not be likely to give the new clinical proposals a proper opportunity of developing on satisfactory lines.

18. The Committee would therefore suggest to the Divisions that the new circumstances require the institution of a new authority to deal with the work which is mainly clinical, leaving to existing public health authorities the work of sanitary administration. This new authority it is proposed should be a Joint Committee composed of representatives elected by the following bodies:—

(a) The Insurance Committee.

(b) The County Council (representatives preferably elected from its Education and Public Health Committees, which are those specially concerned in clinical work).

(c) The local hospitals (representatives of both the Boards of Management and the honorary medical staffs).

(d) The Local Medical Committee.

This Joint Committee would, it is suggested, fully represent all the different interests concerned, and its composition would prevent overlapping of the work of the various public authorities represented.

THE NEW DEVELOPMENTS.

Tuberculosis.

19. The new grant under this head in I. (Public Health Grants) is apparently intended to supplement the Hobhouse grant in connection with schemes drawn up to provide treatment for all tuberculous persons in the different areas. The extra money is no doubt intended to help in speeding up the provision of dispensaries, homes for advanced cases and sanatoriums. As the Tuberculosis Scheme of the Association is already before the Divisions (*see* SUPPLEMENT, April 4th, page 204) the Committee does not propose to deal further with this question otherwise than to express the opinion that the Government should be urged to provide suitable isolation accommodation for advanced cases of pulmonary tuberculosis—a class of cases for which no attempt has yet been made to make any even approximately adequate provision.

Clinical (Pathological) Laboratories.

20. The Committee would suggest that the proposed laboratories, which it will be observed are not to be limited to the service of insured persons, should provide for the following examinations:

(1) Microscopical, *e.g.* of tumours.
(2) Bacteriological, *e.g.* of surgical infections.
(3) Protozoological, *e.g.* for the spirochete of syphilis.
(4) Parasitological, *e.g.* of skin lesions.
(5) Chemical, *e.g.* of urine, faeces, discharges.
(6) Blood, *e.g.* for Wassermann reaction, and cytological.

21. The list does not include any investigations which a medical man practising among the moneyed classes might not consider necessary, and would not be prepared to have carried out. He would not undertake them himself, the nature of his avocations rendering it impossible that he should have the time, the technical knowledge and skill, or the appliances.

22. In the opinion of the Committee, special care will have to be taken as regards the selection and methods of employment of the laboratory worker. He may be educated up to the point of doing routine work well, but it becomes monotonous, and unless he is given his chance of enlarging his horizon, he will not go on doing even routine work well. It follows therefore, first, that routine laboratory work should not be divorced from research, and secondly, from this that the ideal arrangement would be that the laboratory should be an institution of University rank (or closely connected with such an institution), its functions being extended to include work for insurance and private patients, and where found expedient, for public health authorities also (as at the bacteriological laboratory of the University of Manchester).

23. The multiplication of Universities renders the realisation of such schemes immediately possible in the most populous parts of England, Wales and Scotland, namely:—

Northumberland and Durham.—Medical School of the University of Durham (Newcastle).
Lancashire and Cheshire.—Universities of Liverpool and Manchester.
East and South Yorkshire.—Universities of Leeds and Sheffield.
Eastern Counties.—University of Cambridge.
Midlands.—University of Birmingham.
South Midlands.—University of Oxford.
Middle West.—University of Bristol.
South Wales.—Medical School of the University of Wales, Cardiff.
Home Counties.—London.
West Scotland.—University of Glasgow.
East Scotland.—University of Edinburgh, Dundee (St. Andrew's).
North East Scotland.—University of Aberdeen.

24. In many instances it would be feasible to link the County laboratory with the nearest University, for example, Norwich and Suffolk with Cambridge, Derby and Nottingham with Sheffield, and so to organise a system of interchange of workers while keeping them continuously under the influence of the Directors of the University laboratories, and in the current of University thought.

25. It does not seem necessary at this stage to interfere with the arrangements of those public health authorities which do bacteriological diagnosis. If the County and County Borough clinical and bacteriological laboratories are successfully organised the public health authorities would probably eventually find that it would be cheaper to subsidise the County laboratories than to maintain a separate laboratory for a part of the work.

26. The Committee has briefly stated the grounds on which it considers the divorce of routine pathological and bacteriological work in clinical laboratories from research work to be inexpedient, and it only remains to add that it believes that any scheme such as is understood to be contemplated by the Medical Research Committee constituted under Section 16 (2) of the Insurance Act, 1911, for concentrating research work in pathology in a central institution in or near London would be a retrograde step. Wisely distributed the money would greatly assist the University authorities of Great Britain in encouraging the growth of a class of experts whose services would be invaluable to the community. It would also help to retain in that class many whose natural bent is towards research and laboratory work but who find that there is little material encouragement for them under present circumstances.

Nursing.

27. The proposed nursing service, it will be observed, is not to be limited to insured persons, but is to be utilised for the whole population, although it is of course not expected that the well-to-do classes will take advantage of it. All practitioners will agree that efficient nursing is an essential part of the treatment of all cases of serious illness. In many districts there exist organisations, for the most part voluntary, which make some provision for the nursing of persons of the industrial classes, but an extension of this essential part of effective treatment would, the Committee believes, be welcomed by the medical profession. The Committee suggests that any nursing system established with the assistance of the State should be under the control of the proposed new Joint Committee, and that this body should utilise to the full the voluntary organisations already in existence, supplementing them where necessary by grants or by the establishment of a nursing service under their direct control. The Committee,

however, recognises that it will be necessary to proceed gradually, inasmuch as the number of competent nurses at present available is not adequate to the needs of a complete nursing service for the whole country.

Referee—Consultants.

28. Without further information it is difficult to understand exactly what kind of an officer the Chancellor of the Exchequer had in mind when he proposed to find money for this purpose. The Committee understands that it is suggested that the Referee should be prepared, at the request of the practitioner in charge of the case, not only to express an opinion as to whether the patient is or is not capable of work, but also in some cases in which the opinion of an experienced general practitioner would be welcomed, should be willing to express an opinion on the diagnosis or treatment of the case. It is assumed that he will have the power of calling in a specialist when he considers it necessary.

29. The Committee makes the following suggestions as regards these officers for the consideration of the Divisions:—

(a) That as already agreed by the Special Representative Meeting, December, 1913 (Minute 70) they should be appointed by the Commissioners and only removable by them: that they should be whole time officers and practitioners of not less than ten years standing: that the commencing salary should not be less than £750 per annum: and that the appointment should be pensionable.

(b) That they should be advisers on medical questions to the proposed Joint Committee or failing it to the Insurance Committees.

(c) That in ordinary circumstances the specialist, or consultant, should be called in by the referee after consultation with the practitioner in attendance, but that arrangements should be made whereby in cases of emergency the practitioner should be entitled to call in a consultant and afterwards to report to the referee.

(d) That consultants should not be whole-time officers.

(e) That with a view to preventing excessive use being made of the services of the referee, practitioners should be required to furnish a report of the case to the referee whenever that officer is called in on the practitioner's initiative, and should also be required to attend the consultation.

(f) That Approved Societies desiring the services of the referee should be required to make a full report as to their reasons therefor. Possibly the Societies might be expected to make a small payment for each case referred as a further check on undue use of the referee's services.

Treatment Centres—Clinics.

30. The Committee prefers the name Treatment Centre to that of Clinic, as the former term seems more correctly to define the object of the proposed institution. The Committee would suggest that these Centres should be provided for that class of cases the treatment of which cannot properly be carried out at the surgery of the practitioner, either because the practitioner is unable himself to undertake the treatment or because he has not the requisite facilities at his surgery.

31. The Committee would further suggest that these Centres should be under the control of the proposed Joint Committee and should be used as consultation centres at which the referee could examine cases sent to him, and at which also consultants could examine and treat suitable cases.

QUESTIONS FOR DIVISIONS.

32. A schedule of questions is appended which Divisions are urged to consider and answer at their earliest convenience. If the Committee is to consider the replies in time to make a report which can be discussed at the Annual Representative Meeting it will be necessary that replies should be returned to the Medical Secretary not later than July 1st. The Committee trusts that as many Divisions as possible will give these important matters their early and careful consideration so that the Association may know the mind of the profession and be able to speak in the name of the profession when the proposed extensions of the medical service under the Insurance Acts and otherwise are under discussion by the Government.

SCHEDULE OF QUESTIONS *re* FUTURE DEVELOPMENTS OF INSURANCE ACTS.

QUESTIONS FOR DIVISIONS.

I.—PROVISION OF INSTITUTIONAL TREATMENT (paragraph 13 (c)).

(a) Is there sufficient hospital accommodation at present in the area of the Division to meet the requirements of the population?

(b) Is the Division in favour of the suggestion as to the provision of capital by the Government to enable more hospital accommodation to be provided?

(c) If not in favour of the suggestion, does the Division make any alternative suggestion?

(d) Does the Division agree with the principle enumerated in **paragraph 13 (d)** that patients whose treatment is subsidised by the State or other public authority could not be regarded by the profession as proper subjects for charitable treatment, and that those giving the treatment should be paid for their services?

II.—EXCESSIVE CLAIMS FOR SICKNESS BENEFIT AND MEDICAL ATTENDANCE (paragraph 14).

(a) Does the Division agree with the suggestion that the demand for medical attendance and sickness benefit beyond what was anticipated by actuarial estimate is due mainly to the existence among the insured of a large amount of sickness previously untreated or inadequately treated?

(b) Is there any other cause which can be suggested for the increase?

(c) Does the present system tend to encourage patients to consult the doctor unnecessarily? Should any check be put on the patient's right to consult the doctor whenever he chooses? or does the Division think that on the whole it is better that the patient should be encouraged to see the doctor early even in cases which may (or may not) prove to be trivial?

(d) If the Division considers that there should be a check of the kind above alluded to the Committee would be glad to have any suggestions as to the nature of the check.

III.—PROPOSED NEW SERVICES.

1. Control **(paragraph 17).**

(a) Does the Division agree that it would be unwise to place clinical arrangements under the control of the Public Health Authority and consequently in all probability under the control of the Medical Officer of Health?

(b) If the answer to the above is in the affirmative, does the Division agree with the proposal to set up a new Joint Committee or other new clinical authority? **(paragraph 18.)**

(c) If the Division disagrees with the proposal the Committee would be glad to have alternative suggestions either as to principle, or as to the details of the proposed Joint Committee.

2. Details as to Services (Laboratories).

(a) Has the Division any suggestion to make as to the detailed work of the proposed clinical laboratories? **(paragraph 20.)**

(b) Does the Division approve of the suggestion that the new laboratories should be linked up as far as possible with the Universities and other similar institutions? **(paragraphs 22-25.)**

NURSING **(paragraph 27).**

(a) Is the Division in favour of the provision of a nursing service to be utilised for the whole working-class population?

(b) Does the Division agree with the proposals made in paragraph 27 for the institution of such a service? and has it any additional suggestions to make on the subject?

REFEREE—CONSULTANTS **(paragraph 29).**

Does the Division agree with the suggestions regarding these officers as laid down in this paragraph?

TREATMENT CENTRES **(paragraphs 30-31).**

Does the Division agree with the suggestions made in this paragraph? Has it any further suggestions to make on the subject?

Note.—The Committee will be glad to have any remarks or suggestions on the subjects dealt with in the Report, that may appear to the Division to be useful.

British Medical Association.

EIGHTY-SECOND ANNUAL MEETING, ABERDEEN, JULY, 1914.

PROGRAMME OF BUSINESS.

President: WILLIAM AINSLIE HOLLIS, M.A., M.D., F.R.C.P., Consulting Physician, Sussex County Hospital, Brighton.

President-elect: Sir ALEXANDER OGSTON, K.C.V.O., M.D., LL.D., Consulting Surgeon, Aberdeen Royal Infirmary; Surgeon in Ordinary to H.M. the King in Scotland.

Chairman of Representative Meetings: THOMAS JENNER VERRALL, M.R.C.S., L.R.C.P., Consulting Surgeon, Sussex County Hospital, Brighton.

Chairman of Council: JAMES ALEXANDER MACDONALD, M.D., M.Ch.R.U.I., LL.D., Honorary Physician, Taunton and Somerset Hospital, Taunton.

Treasurer: EDWIN RAYNER, B.A., M.D.Lond., F.R.C.S. Eng., Consulting Surgeon, Stockport Infirmary, Stockport.

The Eighty-second Annual Meeting of the British Medical Association will be held in Aberdeen in July, 1914. The President's Address will be delivered on Tuesday, July 28th, and the Sections will meet on the three following days. The Annual Representative Meeting will begin on Friday, July 24th, at 10 a.m.

The Address in Medicine will be delivered by ARCHIBALD EDWARD GARROD, M.D., F.R.C.P., F.R.S., Physician, St. Bartholomew's Hospital, London.

The Address in Surgery will be delivered by Sir JOHN BLAND-SUTTON, Surgeon to the Middlesex Hospital, London, W.

The Popular Lecture will be delivered by Professor J. ARTHUR THOMSON, M.A., LL.D., Natural History Department, Marischal College, Aberdeen.

THE SECTIONS.

The scientific business of the meeting will be conducted in sixteen Sections, which will meet on Wednesday, July 29th, Thursday, July 30th, and Friday, July 31st.

The President, Vice-Presidents, and Honorary Secretaries of each Section constitute a Committee of Reference for that Section, and exercise the power of inviting, accepting, or declining any paper, and of arranging the order in which accepted papers shall be read. Communications with respect to papers should be addressed to one of the Honorary Secretaries.

A paper read in the Section must not exceed fifteen minutes, and no subsequent speech must exceed ten minutes.

Papers read are the property of the British Medical Association, and cannot be published elsewhere than in the BRITISH MEDICAL JOURNAL *without special permission.*

The following sixteen Sections have been authorized by the Council:

ANATOMY AND PHYSIOLOGY.

President: Professor ROBERT W. REID, M.D., F.R.C.S., Aberdeen. *Vice-Presidents:* DENIS P. FITZGERALD, M.B., B.Ch., Cork: J. STRICKLAND GOODALL, M.B., F.R.C.S., London, S.E.; Professor J. KAY JAMIESON, M.B., C.M., Leeds; Professor J. A. MACWILLIAM, M.D., C.M., Aberdeen. *Honorary Secretaries:* NORMAN J. CALDER, M.B., Ch.B., Anatomy Department, Marischal College, Aberdeen; E. PROVEN CATHCART, M.D., D.Sc., Department of Physiology, University of Glasgow; R. J. GLADSTONE, M.D., F.R.C.S., University of London, King's College, Strand, W.C.; HUGH MACLEAN, M.D., Chemical Pathology Department, St. Thomas's Hospital, London, S.E.

The programme of this Section will be published in a later issue.

DERMATOLOGY AND SYPHILOLOGY.

President: ALFRED EDDOWES, M.D., M.R.C.P., London. *Vice-Presidents:* R. CRANSTON LOW, M.B., F.R.C.P.E., Edinburgh; J. M. HENDRIE MACLEOD, M.D., M.R.C.P., London, W.; J. A. NIXON, M.B., F.R.C.P., Clifton, Bristol; J. C. OGILVIE WILL, M.D., C.M., Aberdeen. *Honorary Secretaries:* J. FARQUHAR CHRISTIE, M.B., C.M., 7, Alford Place, Aberdeen; J. D. PRYDE MCLATCHIE, M.B., C.M., 34, Welbeck Street, London, W.

The following programme has been arranged:

July 29th.—Discussion on the Need for more Method in the Conflict with Lupus and Ringworm. To be opened by Dr. NORMAN WALKER.

July 30th.—Discussion on the Modern Treatment of Syphilis. To be opened by Mr. J. E. R. MCDONAGH.

July 31st.—Independent papers.

DAVIS, Haldin. Infantile Eczema.
MCDONAGH, J. E. R. The Rationale of the Wassermann Reaction.
TOMKINSON, J. Goodwin. Three Cases of Lahore Sore.
WALTER, J. C. M. On the Use of Antimony in Syphilis.
WILLIAMS, A. Winkelried. Keratodermia Blenorrhagica.

Arrangements will also be made for the demonstration of cases. Contributions of drawings, photographs, microscope and other specimens relating to dermatology and syphilis are invited, and should be sent as early as possible—not to London, but to Aberdeen.

DISEASES OF CHILDREN, INCLUDING ORTHOPAEDICS.

President: JOHN THOMSON, M.D., F.R.C.P.E., Edinburgh. *Vice-Presidents:* ANDREW FULLERTON, M.Ch., F.R.C.S.I., Belfast; H. M. W. GRAY, M.B., F.R.C.S.E., Aberdeen; E. MUIRHEAD LITTLE, F.R.C.S., London; J. HUGH THURSFIELD, M.D., F.R.C.P., London. *Honorary Secretaries:* A. S. BLUNDELL BANKART, M.C., F.R.C.S., 14, Harley Street, London, W.; D. WATSON GEDDIE, M.B., C.M., 13, Golden Square, Aberdeen; H. TYRRELL GRAY, M.C., F.R.C.S., 60, Harley Street, London, W.

The following programme has been arranged:

July 29th—(1) Discussion on Congenital Dislocation of the Hip. To be opened by Mr. T. H. OPENSHAW.

July 30th.—(2) Discussion on the Thymus Gland in its Clinical Aspects. To be opened by Dr. ARCHIBALD E. GARROD.

July 31st.—(3) Joint discussion on the Diagnosis of Chronic Pulmonary Tuberculosis in Infancy and Childhood (See Section of Medicine).

The following papers have been accepted:

FINDLAY, Leonard, and ROBERTSON, Madge (Glasgow). The Treatment of Congenital Syphilis.
FRASER, William (Edinburgh). The Influence of the Thymus and Certain other Ductless Glands on the Epiphyses.
MACLENNAN, Alexander (Glasgow). The Technique of Thymectomy.
MCNEIL, Charles (Edinburgh). The Association of Abnormal Types of Pneumonia and of Tuberculosis in Children with Thymo-lymphatic Hyperplasia.
MCWALTER, J. C. (Dublin). Lime Salts in Children's Diseases.
ROTH, Paul B. (1) The Treatment of Torticollis; and (2) The Practical Treatment of Lateral Curvature of the Spine.
WILKIE, D. P. D. (Edinburgh). Appendicitis and the Status Lymphaticus.

ELECTRO-THERAPEUTICS AND RADIOLOGY.

President: SAMUEL SLOAN, M.D., F.R.F.P.S., Glasgow. *Vice-Presidents:* W. J. S. BLYTHELL, M.D., Kersal, Manchester; DAVID LAWSON, M.D., Nordrach-on-Dee, N.B.; J. R. LEVACK, M.B., C.M., Aberdeen. *Honorary Secretaries:* M. R. J. HAYES, F.R.C.S.I., 35, Upper Fitzwilliam Street, Dublin; W. L. LOCKE, M.B., Ch.B., 31, Queen Anne Street, London, W.; F. PHILIP, M.B., 183, Great Western Road, Aberdeen.

The following programme has been arranged:

July 29th.—(1) An Introductory Address by Professor LEDUC on Cerebral Galvanization. (2) Discussion on the Therapeutic Value of High-Frequency Currents; to be opened by the PRESIDENT.

July 30th.—Discussion on (1) The Comparative Value of X-Rays and Radium in the Treatment of Malignant Growths; to be opened by Dr. HERNAMAN-JOHNSON and Dr. JOHN MACINTYRE. (2) Electro-Therapy in Neurasthenia;

to be opened by Dr. AGNES SAVILL and Dr. W. F. SOMERVILLE. (3) Demonstration on Muscle Testing by means of Condensers.

July 31st.—(1) Joint Discussion on the Diagnosis of Chronic Pulmonary Tuberculosis; to be opened by Dr. IRONSIDE BRUCE (see Section of Medicine). (2) Discussion on X-Ray Diagnosis in Gastro-Intestinal Conditions, with Special Reference to Appendicitis; to be opened by Dr. HERTZ.

Members wishing to read papers before the Section should communicate with one of the Honorary Secretaries.

GYNAECOLOGY AND OBSTETRICS.

President: F. W. NICOL HAULTAIN, M.D., F.R.C.P.E., Edinburgh. *Vice-Presidents:* Professor J. ALEXANDER KYNOCH, F.R.C.P., F.R.C.S., Dundee; Professor R. G. MCKERRON, M.D., C.M., Aberdeen; T. G. STEVENS, M.D., F.R.C.S., London; W. C. SWAYNE, M.D., Clifton, Bristol. *Honorary Secretaries:* H. S. DAVIDSON, M.B., F.R.C.S., 6, Atholl Place, Edinburgh; S. G. LUKER, M.D., F.R.C.S., 1, Harley Street, London, W.; ALEXANDER MITCHELL, M.B., 2A, Albyn Place, Aberdeen.

Full details of the programme arranged will be published in a future issue.

LARYNGOLOGY, RHINOLOGY, AND OTOLOGY.

President: H. LAMBERT LACK, M.D., F.R.C.S., London. *Vice-Presidents:* J. M. BOOTH, M.D., C.M., Aberdeen; J. S. FRASER, M.B., F.R.C.S.E., Edinburgh; A. A. GRAY, M.D., F.F.P.S., Glasgow; T. H. LIVINGSTONE, M.D., F.R.C.S.E., Newcastle-on-Tyne. *Honorary Secretaries:* O. ST. J. GOGARTY, M.D., 15, Ely Place, Dublin; J. F. O'MALLEY, F.R.C.S., 16, Weymouth Street, London, W.; H. PETERKIN, M.B., 17, Bon Accord Crescent, Aberdeen.

The following programme has been arranged provisionally:

July 29th.—Discussion on the Treatment of Inoperable Growths of the Nose and Throat. To be opened by Mr. W. D. HARMER (Diathermy), Dr. WILLIAM HILL (Radium), and Dr. JOHN MACINTYRE (X Rays).

July 30th.—Discussion on Oto-sclerosis. To be opened by Dr. A. A. GRAY (Etiology and Pathology), Mr. J. S. FRASER (Clinical Aspects), Mr. G. J. JENKINS (Various Methods of Treatment), and Mr. F. F. MUECKE (Auditory Re-education).

July 31st.—Mr. J. S. FRASER (Edinburgh): Demonstration—The Pathology of Labyrinthitis. Mr. WATSON WILLIAMS (Bristol): Demonstration—Intranasal Operations for Frontal Sinus Disease. Dr. BROWN KELLY (Glasgow): Paper—The Difficulties and Dangers of Exploratory Puncture of the Antrum of Highmore.

Members wishing to read papers before the Section should communicate with Mr. O'Malley at the address given. Contributions for the division of the Museum set apart for preparations, specimens, drawings, and instruments relating to the work of the Section should be sent to Dr. Henry Peterkin, 17, Bon Accord Crescent, Aberdeen.

MEDICAL SOCIOLOGY.

President: JOHN GORDON, M.D., Aberdeen. *Vice-Presidents:* J. MUNRO MOIR, M.D., Inverness; DAVID NICOLSON, C.B., M.D., Camberley, Surrey; GEORGE WILLIAMSON, M.B., Aberdeen. *Honorary Secretaries:* DAVID RORIE, M.D., 1, St. Devenick Terrace, Cults, Aberdeen; Dr. ANNE WATSON, 22, Waverley Place, Aberdeen.

Full details of the programme arranged will be published in a future issue.

MEDICINE.

President: F. J. SMITH, M.D., F.R.C.P., London. *Vice-Presidents:* J. R. CHARLES, M.D., F.R.C.P., Clifton, Bristol; G. MAITLAND EDMOND, M.D., C.M., Aberdeen; HERBERT FRENCH, M.D., F.R.C.P., London; Professor A. W. MACKINTOSH, M.D., Aberdeen; Professor T. K. MONRO, M.D., F.F.P.S., Glasgow; Professor A. M. STALKER, M.D., C.M., Dundee. *Honorary Secretaries:* D. BARTY KING, M.D., M.R.C.P., 6, Devonshire Street, Portland Place, London, W.; W. RATTRAY PIRIE, M.B., C.M., 20, Bon Accord Square, Aberdeen.

Full details of the programme arranged will be published in a future issue.

NAVAL AND MILITARY MEDICINE AND SURGERY.

President: Deputy Surgeon-General W. MAXWELL CRAIG, C.B., R.N., Haslar. *Vice-Presidents:* Surgeon-General P. H. BENSON, I.M.S., Upper Walmer; Brigade-Surgeon-Lieutenant-Colonel R. GRAY, I.M.S., Aberdeen; Major G. R. LIVINGSTON, M.D., R.A.M.C.(T.F.); Lieutenant-Colonel GEORGE SCOTT, R.A.M.C. (ret.), Aberdeen. *Honorary Secretaries:* Captain CECIL JOHNSON, R.A.M.C. (T.F.), Cricklewood, East Sheen, London, S.W; Lieutenant-Colonel FRANCIS KELLY, M.D., R.A.M.C.(T.F.), West Craibstone Street, Aberdeen.

The following programme has been arranged:

July 29th.—Discussion on (1) the Treatment of Wounded in Naval Warfare; to be opened by Fleet Surgeon D. WALKER HEWITT, R.N. (2) Gangrene in War; to be opened by Captain C. MAX PAGE, R.A.M.C.(S.R.).

July 30th.—Discussion on (1) the Treatment of Syphilis; to be opened by Lieutenant-Colonel T. W. GIBBARD, R.A.M.C., and Major L. W. HARRISON, R.A.M.C. (2) On Common Ailments in Camp: their Prevention and Treatment; to be opened by Captain C. JOHNSON, M.B., R.A.M.C.(T.F.).

July 31st.—A lecture, with limelight illustrations, on Experiences of the Northern Party of Captain Scott's Expedition, by Staff Surgeon G. MURRAY LEVICK, R.N.

NEUROLOGY AND PSYCHOLOGICAL MEDICINE.

President: F. W. MOTT, M.D., F.R.C.P., F.R.S., London. *Vice-Presidents:* DONALD J. ARMOUR, F.R.C.S., London; JAMES NEIL, M.D., Oxford; WILLIAM REID, M.D., Aberdeen; H. CAMPBELL THOMSON, M.D., F.R.C.P., London. *Honorary Secretaries:* H. DE MAINE ALEXANDER, M.D., Aberdeen District Asylum, Kingseat, Newmachar; M. D. EDER, M.R.C.S., L.R.C.P., 7, Welbeck Street, London, W.; A. W. FALCONER, M.D., M.R.C.P., 18, Bon Accord Square, Aberdeen.

The following programme has been arranged:

July 29th.—Discussion on the Diagnosis and Treatment of Parenchymatous Syphilis. To be opened by Dr. F. W. MOTT, followed by Dr. PLAUT (Munich) and others.

July 30th.—Discussion on the Significance of the Unconscious in Psycho-Pathology. To be opened by Dr. ERNEST JONES (London) and Dr. C. G. JUNG (Zurich).

July 31st.—Independent papers:

BRUCE, L. Campbell. Demonstration—The Pathology of Disseminated Spinal Sclerosis.
HYSLOP, J. B. Anger in its Medico-Psychological Aspects.
MACKENZIE, Dr. (Inverness). Some Considerations regarding Insanity in the Highlands.
MILLER, Crichton. The Psychic Factor in Insomnia.
WILSON, A. S. Kinnier. The Temporo-Sphenoidal Form of Epilepsy.

Those desirous of reading papers before the Section are requested to communicate with the Secretaries as soon as possible. Members are invited to contribute any preparations, specimens, or drawings, or any instruments or apparatus pertaining to the work of the Section, which have been designed by themselves, and in regard to these to communicate directly with the Committee of the Pathological Museum.

OPHTHALMOLOGY.

President: C. H. USHER, M.B., F.R.C.S.Edin., Aberdeen. *Vice-Presidents:* A. R. GALLOWAY, M.B., C.M., Aberdeen; KARL A. GROSSMANN, M.D., F.R.C.S., Liverpool; N. BISHOP HARMAN, M.B., F.R.C.S., London; A. H. H. SINCLAIR, M.D., F.R.C.S.Edin., Edinburgh. *Honorary Secretaries:* F. R. HILL, M.B., C.M., 62, Warwick Road, Carlisle; Miss EUPHAN M. MAXWELL, M.B., 19, Lower Baggot Street, Dublin; W. CLARK SOUTER, M.D., 2, Bon Accord Square, Aberdeen.

The following programme has been arranged provisionally:

1. Discussion on the Choice of a Cataract Operation. To be opened by Mr. E. E. MADDOX.
2. Discussion on the Hygiene of Reading and Near Vision. To be opened by Mr. J. HERBERT PARSONS.
3. Discussion on the Teaching of Ophthalmology to Medical Students. To be opened by Dr. MAITLAND RAMSAY.

The Secretaries will be glad to hear from those wishing

to read papers or to give demonstrations before the Section as early as possible.

PATHOLOGY AND BACTERIOLOGY.

President: W. S. LAZARUS-BARLOW, M.D., F.R.C.P., London. *Vice-Presidents:* C. H. BENHAM, M.D., M.R.C.P., Hove; CHARLES BOLTON, M.D., F.R.C.P., London; J. C. G. LEDINGHAM, M.B., Ch.B., London; J. H. TEACHER, M.B., F.F.P.S., Glasgow. *Honorary Secretaries:* G. MELLIS DUNCAN, M.B., C.M., 12, Bayview Road, Aberdeen; J. F. GASKELL, M.D., M.R.C.P., 23, Ladbroke Grove, London, W.; J. W. TREVAN, M.D., B.S., St. Bartholomew's Hospital, London, E.C.

The following programme has been arranged:

July 29th.—Discussions on (1) the Action of Radiations on Cells and Fluids; to be opened by the PRESIDENT. (2) The Biochemistry of Immunity Reactions; to be opened by Dr. CARL BROWNING.

July 30th.—Discussion (in conjunction with the Section of Pharmacology) on the Pathology of Heart Function. To be opened by Dr. THOMAS LEWIS.

July 31st.—Discussion on the Importance of Variability among Bacteria and its Bearings on Diagnosis. To be opened by Dr. W. J. PENFOLD.

Papers.

MORGAN, J. M., and TEACHER, J. H. Aneurysm of the Aorta due to Bacterial Infection.
HORT, E. C. Recognition of Haemic Infections of the Urine and its Diagnostic Value.

PHARMACOLOGY, THERAPEUTICS, AND DIETETICS.

President: Professor J. THEODORE CASH, M.D., LL.D., F.R.S., Aberdeen. *Vice-Presidents:* F. J. CHARTERIS, M.D., Glasgow; O. F. F. GRÜNBAUM, M.D., F.R.C.P., London; J. C. MCWALTER, M.D., Dublin. *Honorary Secretaries:* W. J. DILLING, M.B., Ch.B., Materia Medica Department, Marischal College, Aberdeen; J. M. FORTESCUE-BRICKDALE, M.D., 52, Pembroke Road, Clifton; J. DAVENPORT WINDLE, M.D., Cippenham Lodge, Southall.

The following programme has been arranged:

July 29th.—Discussion on Recent Advances in the Relationship between Chemical Constitution and Pharmacological Activity. To be opened by Dr. FORTESCUE-BRICKDALE.

July 30th.—Joint Discussion on the Pathology of Heart Function, including the Experimental Pharmacology and Therapeutics of Pathological Conditions of the Heart (see Section of Pathology).

July 31st.—Discussion on the Pharmacology and Therapeutics of the Animal Extracts, exclusive of Thyroid Extract. To be opened by Professor NOEL PATON (Physiology) and Dr. O. F. F. GRÜNBAUM (Therapeutics).

Papers:

GUNN, J. A. The Pharmacology of the Isolated Human Uterus and Fallopian Tubes.
MCWALTER, J. C. Notes on Cerii Oxalas.
MUTHU, J. C. Clinical Observations on Diet in the Treatment of Pulmonary Tuberculosis.

STATE MEDICINE AND MEDICAL JURISPRUDENCE.

President: Professor MATTHEW HAY, M.D., LL.D., F.R.C.P.I., Aberdeen. *Vice-Presidents:* E. LEE COLLIS, M.B., B.Ch., London; Professor F. W. EURICH, M.D., Bradford; W. HABGOOD, M.D., Sutton; W. LESLIE MACKENZIE, M.D., F.R.C.P., LL.D., Edinburgh. *Honorary Secretaries:* R. BALFOUR GRAHAM, F.R.C.S.E., Leven, Fife; W. ALEXANDER MACNAUGHTON, M.D., County Buildings, Stonehaven, Kincardineshire; FRANK E. ROCK, M.D., Town Hall, Edmonton, N.

The programme will be published in a future issue.

SURGERY.

President: J. SCOTT RIDDELL, M.V.O., M.B., C.M., Aberdeen. *Vice-Presidents:* J. GRANT ANDREW, C.M., F.R.F.P.S., Glasgow; ARTHUR CONNELL, F.R.C.S.E., Sheffield; W. MCADAM ECCLES, M.S., F.R.C.S., London; T. EAGLESON GORDON, F.R.C.S.I., Dublin; Professor JOHN MARNOCH, M.B., C.M., Aberdeen; ALEXANDER MILES, F.R.C.S., Edinburgh. *Honorary Secretaries:* G. H. COLT, F.R.C.S., 12, Bon Accord Square, Aberdeen; RUPERT FARRANT, F.R.C.S., 59, Queen Anne Street, London, W.; J. M. GRAHAM, F.R.C.S.E., 5, Castle Terrace, Edinburgh; S. THOMPSON IRWIN, M.Ch., F.R.C.S.Edin., 29, University Square, Belfast.

The following programme has been arranged:

Wednesday, July 29th.—Discussion on the Etiology and Treatment of Carcinoma of the Tongue. To be opened by Mr. W. G. SPENCER, followed by Professor H. MORESTIN (Paris).

Thursday, July 30th.—Discussion on the Surgical Treatment of Arthritic Deformities. To be opened by Mr. ROBERT JONES.

Friday, July 31st.—Discussion on Anoci-association, or the Evolution of the Shockless Operation. To be opened by Mr. H. M. W. GRAY.

Papers.—The following papers have been accepted:

BOYD, Sidney A.: The Newer Indications for Removal of the Spleen.
DON, A. Pott's Disease in Cervical Region, with Methods of Bony Splinting.
GORDON, T. E. Duodenal Haemorrhage.
GUNN, J. A. The Action of Certain Drugs on the Isolated Human Vermiform Appendix (with a demonstration).
JAMIESON, Professor J. K., and DOBSON, J. F. The Lymphatics of the Tongue (with a demonstration of specimens prepared by Gerota's method).
MILLIGAN, William. Some Practical Considerations in the Diagnosis and Treatment of Abscess of the Cerebellum, with a record of cases subjected to operation.
PAGE, C. Max. The Treatment of certain cases of Appendix Abscess.
WHEELER, W. I. DE C. A further report on Three Cases of Abdominal Aneurysm treated by Operation.
WILKIE, D. P. D. Acute Appendicitis and Acute Appendicular Obstruction.

TROPICAL MEDICINE.

President: Professor W. J. R. SIMPSON, C.M.G., M.D., London. *Vice-Presidents:* DANIEL E. ANDERSON, M.D. Lond. and Paris, B.Sc., F.R.S.E., London, W.; J. MITFORD ATKINSON, M.B., London; HENRY FRASER, M.D., Kuala Lumpur, Federated Malay States. *Honorary Secretary:* G. A. WILLIAMSON, M.D., 15, Forest Road, Aberdeen.

The following programme has been arranged:

Wednesday, July 29th.—Discussion on Kala-azar and Allied Conditions. To be opened by Fleet Surgeon P. W. BASSETT-SMITH.

Thursday, July 30th.—Discussion on the Education and Position of the Sanitarian in the Tropics. To be opened by Colonel KING, I.M.S., C.I.E.

Friday, July 31st.—Discussion on the Surgical Treatment of Colitis and Post-Dysenteric Conditions. To be opened by Mr. JAMES CANTLIE.

Papers:

BAHR, P. H. Recent Researches in Sprue.
BIRT, Colonel C., A.M.S. Sand-Fly Fever.
FRASER, H., and STANTON, A. T. The Rice Theory and Recent Conclusions.
MACCALLAN, A. F. The Ankylostomiasis Campaign in Egypt.
MARETT, Captain P. J., R.A.M.C. The Bionomics of Maltese Phlebotomi.

A Special Subsection of the Museum is being reserved for exhibits in Tropical Medicine, and the Pathological Museum Committee, Marischal College, will be glad to receive instruction as soon as possible from intending exhibitors, and will later forward information as to packing, insurance of exhibits, etc., the expense of which will be borne by the Association.

PATHOLOGICAL MUSEUM.

THE Committee of the Pathological Museum, to be organized in connexion with the Annual Meeting of the British Medical Association next July, proposes to arrange the material under the following heads:

1. Exhibits bearing on discussions and papers in the various sections.
2. Specimens and illustrations relating to any recent research work.
3. Instruments relating to clinical diagnosis and pathological investigation.
4. Individual specimens of special interest or a series illustrating some special subject.

It is also proposed to make an effort to gather together series of exhibits relating to the pathology of the circulatory system and the ductless glands; the effect of radium on malignant growths; pyelo-radiography and *x*-ray photographs of brain, skull, and gall stones, and of ancient and historical surgical instruments.

While making these suggestions the committee, of which Dr. G. M. Duncan is chairman, will welcome specimens illustrating other subjects. The museum will occupy a central position in the same building as that in which the sectional work is to be carried on.

Communications may be addressed to the honorary secretaries, Dr. A. W. Falconer and Mr. William Anderson, F.R.C.S., Pathological Department, Marischal College, Aberdeen.

Honorary Local Treasurer—
GEORGE WILLIAMSON, M.B.,
256, Union Street, Aberdeen.

Honorary Local Secretaries—
THOMAS FRASER, M.B.,
16, Albyn Place, Aberdeen.
FRED. K. SMITH, M.B.,
7, East Craibstone Street, Aberdeen.

PROVISIONAL PROGRAMME.

The following is the provisional time-table for the Aberdeen Meeting:

FRIDAY, JULY 24TH.

10 A.M.—Annual Representative Meeting.

SATURDAY, JULY 25TH.

9.30 A.M.—Representative Meeting.

MONDAY, JULY 27TH.

9.30 A.M.—Council Meeting.
10 A.M.—Representative Meeting.

TUESDAY, JULY 28TH.

9 A.M.—Exhibition of Surgical Instruments, Drugs, etc. The Exhibition will remain open until 6 p.m. on this and the three following days.
9.30 A.M.—Representative Meeting.
2 P.M.—Annual General Meeting.
8.30 P.M.—Adjourned General Meeting, President's Address.

WEDNESDAY, JULY 29TH.

9 A.M.—Council Meeting.
10 A.M. to 1 P.M.—Sectional Meetings.
12.30 P.M.—Address in Medicine.
2.30 P.M.—Secretaries' Conference and Dinner.
3 P.M.—Religious Services.

THURSDAY, JULY 30TH.

8 A.M.—National Temperance League Breakfast.
10 A.M. to 1 P.M.—Sectional Meetings.
12.30 P.M.—Address in Surgery.
7.30 P.M.—Annual Dinner.

FRIDAY, JULY 31ST.

9 A.M.—Council Meeting.
10 A.M. to 1 P.M.—Sectional Meetings.
6 P.M.—Annual Exhibition closes.

SATURDAY, AUGUST 1ST.

Excursions.

ANNUAL EXHIBITION.

THE annual exhibition of surgical instruments, drugs, foods, etc., held during the annual meetings of the British Medical Association, will be arranged this year in the Marischal College, where also the Sections will meet, where the General and Representative Meetings of the Association will take place, and where the Addresses in Medicine and Surgery will be delivered. The exhibition on this occasion will, therefore, occupy a central and convenient position, and members will have an excellent opportunity of inspecting the exhibits.

LODGINGS AND HOTELS.

A LIST of hotels and lodgings available in Aberdeen during the Annual Meeting was published in the advertisement pages (10 and 11) of our last issue. Members desiring further information on this subject are asked to communicate with Dr. F. Philip, Honorary Secretary of the Hotels and Lodgings Committee, 29, King Street, Aberdeen.

EXCURSIONS.

IT is the hospitable custom of members residing in or near the town in which the annual meeting of the British Medical Association is held to arrange that opportunities should be afforded to visiting members to see the town and its immediate neighbourhood, and also to plan excursions to more distant places within easy reach.

Aberdeen and the North of Scotland will not be backward in following this example, and those who are making such arrangements have, indeed, probably suffered from an embarrassment of choice, inasmuch as within reach of Aberdeen there is much beautiful river, mountain, and loch scenery. We give below some particulars of the provisional arrangements so far made, but this information must be prefaced by the general observation that the meeting falls at a season when the beauty spots of Northern Scotland are beginning to be crowded, and that it is therefore essential that members should as far as possible make up their minds early in regard to the excursion or excursions they wish to take, and notify their intention to the Secretary, Mr. G. H. Colt, F.R.C.S., 12, Bon Accord Square, Aberdeen, not later than June 30th.

The Committee will have to make arrangements for travelling facilities, catering, etc., with the railway companies and hotels, and all these arrangements must be made in advance. In the case of certain excursions the number must be limited and places will be assigned in order of application. A special office will be open in the reception rooms in Aberdeen and will be provided with time-tables, programmes, and guide-books, containing full information as to the many places of interest which may be visited from Aberdeen. The railway companies will make special concessions, but members of the Association should note that they must produce their tickets of membership when booking in Aberdeen for any excursion.

The following provisional arrangements have been made. Any additions or alterations will be duly notified in subsequent issues:

FOR REPRESENTATIVES.

The Annual Representative Meeting begins on Friday, July 24th, and will no doubt be continued on Saturday, July 25th. Arrangements have been made by members in Aberdeen for running a special train to Cruden Bay on Sunday, July 26th, leaving Aberdeen in the morning and returning the same evening. Slain's Castle, Bullers o' Buchan, and Whinnifold, the scene of Bram Stoker's *Mystery of the Sea*, are all within walking distance. Luncheon will be given at the hotel at Cruden Bay, and Representatives who wish to make this excursion are particularly requested to send their names to Mr. Colt as early as possible, and in any case not later than June 30th.

SHORT EXCURSIONS.

Deeside and Donside may both be seen on one day by a circular tour through Alford to Strathdon and Ballater, and so back to Aberdeen. The excursion will occupy the whole day, starting at 8.5 or 9.30 a.m., and arriving back in Aberdeen at or about 7 p.m. The journey from Alford to Ballater will be made by motor car, and it is therefore essential that adequate notice should be given. The fares for the round are: First class, 12s.; third class, 9s.

The following half-day excursions may be taken on either Wednesday, July 29th, or Saturday, August 1st:

To Speyside, returning from Garten.—The train will leave at 1 p.m., and luncheon will be served on it for a limited number. The party will reach Aberdeen on the return journey at 10.32 p.m. Fare 2s. 6d.

To Ballater at 1.15 p.m., including coach drive to Balmoral. Aberdeen will be reached at 10 p.m. Fare 2s. 6d.

To Aboyne, to visit Fungle, Aboyne Castle, and Glentanar. The party will leave at 1.15 p.m. and reach Aberdeen again at 10 p.m. Fare 2s. There will be opportunity for golf on these two excursions.

To Elgin, where the cathedral can be visited. The train leaves Aberdeen at 12.30 p.m., and the party will arrive there on the return journey at 9.35 p.m. Fare 3s.

To Banff, Cullen, and Buckie, leaving at 12.30 p.m., and reaching Aberdeen again at 9.35 p.m. Fare 2s. 6d.

To Alford and Oyne, to visit the prehistoric fort on Nether Tap of Bennachie and Maiden Stone. The train

leaves Aberdeen at 1.37 p.m., and reaches it again at 8.52 p.m. Fare 1s. 6d.

Cruden Bay.—The train leaves Aberdeen at 1.30 p.m., and the return train is due at 8.38 p.m. Fare 2s. 6d., including use of golf course.

Stonehaven and Muchalls.—Visits may also be made on Wednesday or Saturday to Stonehaven to see Dunottar Castle, Raedykes Camp, the Ogham Stone, the Druidical Circles, old Fetteresso Church, Cowie Churchyard, and to Muchalls for the coast scenery and rocks. Both at Stonehaven and Muchalls golf may be played, and at Stonehaven tennis and golf also.

LONGER EXCURSIONS.

Three Rivers Tour.

On Saturday, August 1st, a tour will be made by a party not exceeding forty to the valleys of the Dee, Spey, and Don. The same tour can also be taken on Wednesday, July 29th. The party will go from Aberdeen by train as far as Dinnet, and will motor to Strathdon, where luncheon will be taken. It will then go by coach from Cockbridge to Tomintoul, the highest village in Scotland, where tea will be taken. The return will be by Ballindalloch, Speyside, and Donside, to Aberdeen. The fare for the round will be—first class, 20s.; third class, 15s. This tour will occupy the whole day, from 8 a.m. to 10.30 p.m.

Glen of Drumtochty.

A party of 200 will be able to make an excursion to the Glen of Drumtochty on July 29th, and a similar party will be arranged on August 1st. This is a most charming round trip, passing many places of historical and archaeological interest, among them being Edzell, with its golf course and castle, Auchinblae, Drumtochty, Clatterin Brigs, and Fettercairn. This is a half-day excursion, leaving shortly after 1 p.m. and getting back to Aberdeen on Wednesday a little before 9 p.m. and on Saturday soon after 7 p.m. If desired it could be arranged for a half of each party to coach from Fordoun and the other half from Edzell. The fare for the round is from 5s. to 6s.

Grantown and Speyside.

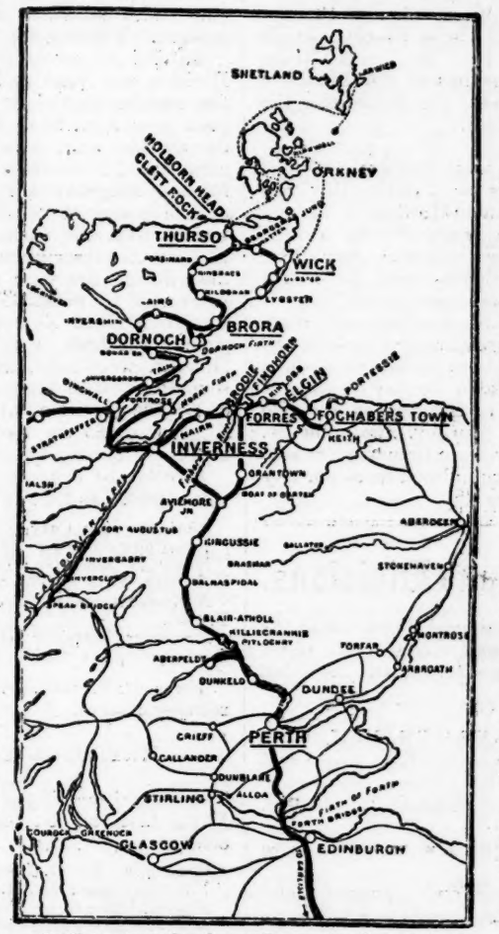
This trip has also been arranged for a party of 200 on Wednesday, July 29th, and Saturday, August 1st. At Grantown, which is one of the chief health resorts of Strathspey, the valley of the Spey opens out into a large wide plain—the Cairngorm mountains to the left and the Monadh Liath range to the right. The party will start on each day at 2 p.m., and reach Aberdeen on the return journey at 11.15 p.m. Cold luncheon can be arranged on the train for a limited number. The fare will be 2s. 6d. third class.

Ballater, Balmoral, and Braemar.

Arrangements have been made for a party of 500 to visit Royal Deeside on Saturday, August 1st. The party will travel to Ballater by a train leaving Aberdeen at 8.45 a.m., and by coach from Ballater to Balmoral. Lunch will be taken in a marquee in Balmoral grounds. From Balmoral after luncheon the party will proceed by coach to Ballater, and return to Aberdeen by a train arriving there at 6.15. Members wishing to travel to Edinburgh, Glasgow, etc., from Aberdeen by the trains at 5.30 and 5.35 p.m. can return from Balmoral by the railway company's motor via Crathie to Ballater, and proceed thence by the train due to arrive in Aberdeen at 5.15. It will be possible for a few members to obtain private motors at Ballater by previous arrangement, and to drive to Braemar and Linn of Dee, lunching at Braemar and joining the party at Ballater on the return journey. The return fare to Ballater is 2s. 6d., and from Ballater to Balmoral 2s. 6d., luncheon extra.

Aviemore (Further Speyside).

This is an alternative to the last excursion, and will afford to those who may have been unable to avail themselves of the Three Rivers tour an opportunity of seeing the lovely country of Further Speyside. The party will leave Aberdeen on Saturday morning, August 1st, and will reach Aberdeen in the evening. Members who may wish to return south via Perth on Saturday evening should make their own arrangements with the stationmaster at Aviemore, where luncheon will be taken. The return fares are: First class, 20s. 8d.; third, 11s. 1d.



Outline map showing railways in the east of Scotland. The system of the Highland Railway and its connexions is shown by the darker line.

ARCHAEOLOGY.

It is proposed to arrange excursions for members specially interested in Scottish history, archaeology, geology, and mountain and marine scenery. Among the places to be visited will be druidical circles on Kingcausie and at Aquhorties, the underground houses at Kildrummy, the prehistoric fort on the Mither Tap of Bennachie and the Maiden Way at its foot, the vitrified forts at Tap of Noth and at Finavon, near Forfar, the sculptured stones at Aberlemno, and many other places of particular interest to archaeologists.

Inverness, Elgin, Nairn, and the Highlands.

The members of the Northern Counties of Scotland Branch of the Association have organized a series of excursions for those members who propose to visit Inverness and neighbourhood. It is anticipated that many who attend the annual meeting will complete their holiday by visiting the North of Scotland. In order to facilitate arrangements, the medical men in Inverness, Elgin, Nairn, and Strathpeffer Spa are anxious to get the names of those members who propose visiting these places as soon as possible so as to have some indication as to probable numbers. The tourist season is very heavy during July and August, and as hotel accommodation is somewhat limited, private hospitality will be extended to a certain number.

The excursions in Inverness district include a trip up the Caledonian Canal, motor runs to Culloden Moor, Cawdor Castle, Speyside, and to Glenurquhart, Strathglass, Loch Maree, Loch Duich. All these are delightful excursions typical of Highland scenery. Nairn, with its fine golf course, will be an attraction to many, while Elgin, with Lossiemouth as a golfing centre, will charm others. To men who are not golfers, drives to Grantown on Spey and Craigellachie have been arranged. It is suggested that members coming from London and neighbourhood should take tourist tickets to Inverness (£3 3s. third class from London). These tickets permit a break of journey northward at Aberdeen, and are available to return via the Highland Railway by Inverness, Aviemore, and Dunkeld, going on to Edinburgh or Glasgow. The journey may be broken at any of these places on the way.

south. Tourist tickets may also be obtained from any of the larger towns in England and Wales. Full particulars can be gathered from the *Guide to the Highlands*, which may be obtained from the secretary of the Highland Railway Co., Inverness. As already indicated, it would facilitate arrangements if the names of intending visitors were sent in to one of the undermentioned not later than July 10th:

Dr. J. Munro Moir, Inverness,
Dr. Stephen, Elgin,
Dr. E. Wilson, Nairn,

who will be pleased to give any information as to hotel accommodation, private hospitality, etc.

The provisional arrangements for those visiting Nairn are as follows: The party will arrive during the forenoon of Saturday, August 1st; there will be a reception by the Provost, followed by luncheon. In the afternoon there will be a motor run by Culloden Moor, visiting the battlefield, and on the homeward run Kilravoch and Cawdor Castles. In the evening there will be a concert, which will probably be held in the open air. On Sunday there will be a motor run to the upper reaches of the Findhorn (Glenferness and Dulsie). On Monday the baths and the golf course will be open to the visitors.

WEEKLY FIRST CLASS SEASON TICKETS.

Members staying at Banchory or Cruden Bay can obtain season tickets enabling them to travel to and from Aberdeen daily during the week of the annual meeting at the following rates: Cruden Bay 10s., Banchory 8s. 8d. The season tickets will be issued from intermediate stations at proportional rates.

On the Caledonian Railway to Stonehaven and intermediate stations, during the Congress, return tickets will be issued at Aberdeen to places where members wish to reside. These tickets will be available for day of issue or following day, or from Saturday to Monday, at a single fare and a third for the double journey, minimum 1s. Season tickets are also available for more than one journey, at a charge of not less than the accumulated fares per day as above, the minimum being 1s. per day.

Meetings of Branches and Divisions.

[*The proceedings of the Divisions and Branches of the Association relating to Scientific and Clinical Medicine, when reported by the Honorary Secretaries, are published in the body of the* JOURNAL.]

EAST AFRICA AND UGANDA BRANCH.

THE first annual general meeting of the East Africa and Uganda Branch was held at the Church Missionary Society's Hospital, Namirembe, on December 23rd, 1913. Twelve members were present.

Election of New Members.—Eight new members were elected.

Finance.—A report was submitted and approved showing a credit balance in favour of the Branch in addition to undrawn allowances.

Organization Rules.—Draft organization rules of the Branch were adopted, and directed to be forwarded for the approval of the Council of the Association.

Ethical Rules.—It was decided to postpone the question of the adoption of ethical rules.

Election of Officers.—The following office-bearers were elected for 1914:

President: Dr. A. R. Cook.
President-elect: Dr. A. D. P. Hodges, C.M.G.
Secretary: Dr. G. C. Strathairn.
Members of Branch Council: Drs. J. H. Cook, C. J. Baker, and C. A. Wiggins. Dr. Wiggins was further elected to represent the Branch at any of the Association meetings held in Britain in 1914 at which it would be competent for him to do so.

Presidential Address.—The Presidential address (on obstetric practice in Uganda) was delivered by Dr. A. R. COOK, and an interesting discussion took place.

Clinical Cases.—An exhibition of clinical cases was given in the hospital.

Fees.—A discussion on fees took place, and the Secretary was instructed to circularize the members of the Divisions on the subject.

LANCASHIRE AND CHESHIRE BRANCH:

BLACKBURN DIVISION.

THE annual meeting of the Blackburn Division was held at the Old Bull Hotel, Blackburn, on May 28th, when Dr. PREBBLE was in the chair.

Election of Officers.—The following officers were elected for next year:

President: Dr. Tough.
Vice-President: Dr. Greeves.
Honorary Secretary and Treasurer: Dr. Shearer.
Representatives on Branch Council: Dr. J. Craig, Dr. Greeves.
Representative at Representative Meeting: Dr. J. Craig.
Executive Committee: Dr. Prebble, Dr. Barr, Dr. Lees, Dr. Beaton.

BLACKPOOL DIVISION.

THE annual meeting of the Blackpool Division was held on May 29th at the Clifton Hotel, Blackpool, when Dr. Penman (the retiring Chairman) and Dr. Thomas Cave (the Chairman-elect) and fourteen other members were present. The meeting was preceded by the annual dinner.

Annual Report of Division.—The annual report of the Division was read and adopted. The report stated that the membership of the Division had decreased during the past year from 69 to 58. Three new members had joined during the year, 5 had removed into and 4 out of the area, and 12 members had resigned. The reasons given for the resignations had in some cases been disapproval of the policy of the British Medical Association in connexion with the Insurance Act, in others the increase in the annual subscription to the Association. Two members died during the year (Drs. Jones and Robinson). There were still 67 practitioners who were not members of the British Medical Association out of a total of 125 practitioners resident in the Division. Five meetings of the Division were held, at which the average attendance was seventeen. The financial report showed that the deficit of £7 17s. 7d. from last year had increased to £10 17s. 9d. A grant of £3 3s. had been received from the Branch Secretary during the year.

Election of Officers.—The officers for the coming year were elected as follows:

Chairman: Dr. Carr.
Vice-Chairman: Dr. Court.
Honorary Secretary: Dr. Baird.
Representative for Representative Meeting: Dr. Barton.
Representatives on Branch Council: Dr. Barton and Dr. Brown.
Executive Committee: Drs. Smith, Penman, Buckley, Penistan, Godley, English, and E. Hilliard.

Votes of Thanks.—Votes of thanks were passed to the retiring officers.

METROPOLITAN COUNTIES BRANCH:

LAMBETH DIVISION.

THE annual meeting of the Division was held at Bethlem Royal Hospital on May 27th, when the following were elected:

Chairman: Dr. R. J. Farman.
Vice-Chairman: Dr. H. Harvey Norton.
Representative on the Branch Council: Dr. Herbert Taylor.
Representative at Representative Meetings: Dr. J. V. C. Denning.
Honorary Secretary and Treasurer: Dr. T. H. Parkes Peers.
Members of Committee: Drs. G. B. Scott, G. R. Elwin, S. S. Brook, J. G. Glasgow, A. R. French, A. J. McNickle, A. R. Moore, F. O. Stoker, P. D. Pywell, E. W. Herrington, W. R. Cazenove, A. G. Everard.

Vote of Thanks.—A most hearty vote of thanks was accorded to the retiring chairman after some suitable remarks by the incoming chairman.

Annual Report of Council.—The Representative was instructed to vote in favour of the report of council.

Model Scheme for the Treatment of Tuberculosis.—The model scheme for treatment of tuberculosis was considered and approved.

Demonstration.—A most interesting demonstration was given by the retiring Chairman on dementia praecox, after which votes of thanks were given to the Chairman and the Governors for the use of the room.

NORTH MIDDLESEX DIVISION.

THE twelfth annual meeting of the North Middlesex Division was held on May 29th, at the Prince of Wales General Hospital, Tottenham. Dr. LEONARD GRANT was in the chair, and twenty-three members were present.

Annual Report of Division.—The report of 1913 and 1914 was submitted and adopted.

Election of Officers.—The following officers were elected:

Chairman: Dr. Reginald Fuller.
Vice-Chairman: Dr. Leonard Grant.
Honorary Secretary and Treasurer: Dr. Stewart Smith.
Direct Representative at Representative Meetings: Dr. Percival Barnes.
Representative on Branch Council: Dr. Brackenbury.
Executive Committee: The above officers, together with the following six members, made up the Executive—Messrs. Burton, Distin, Fawssett, Marjoribanks, R. T. Vivian, and F. C. Wood.

Division Rules.—The following addition to the Division rules were passed. To Rule 4 add the words:

Together with such members (if any) of any Local Medical Committee formed under the National Insurance Act, 1911, and such medical members (if any) of any Insurance Committee constituted under that Act, being (in either case) ordinary members of the Association resident within the area of the Division.

To Rule 11 add this paragraph:

That the Executive Committee be summoned at least three times a year.

STRATFORD DIVISION.

THE annual meeting of the Stratford Division was held on Thursday, June 4th, at West Ham Hospital, when Dr. PERCY ROSE presided, and nineteen members were present.

Annual Report of Council.—The annual report of the Council was discussed.

Election of Officers.—The officer-bearers for the ensuing year were elected as follows:

Chairman and Representative at Annual Representative Meeting: Dr. Harold S. Beadles.
Vice-Chairman and Honorary Secretary: Dr. Percy Rose.
Treasurer and Representative on Branch Council: Dr. P. J. S. Nicoll.
Executive: Mr. Couzens, Drs. Dayus, Frederick, Grogono, Hay, Kennedy, MacMurtry, Randall, Ross Steen, and Taylor.

Vote of Thanks.—The following resolution was unanimously adopted:

That this annual meeting of the Stratford Division of the Metropolitan Counties Branch of the British Medical Association expresses its great regret that Dr. Nicoll feels himself unable to continue as honorary secretary, and heartily thanks him for his service in that capacity, and further desires that this record should be entered on the minutes.

NEW SOUTH WALES BRANCH.

(*From our Special Correspondent in Sydney.*)

THE report of the Council for the year ended March 27th states that the number of members now stands at 920 as against 894 at the end of the last year. Additions by election and transfer from other Branches numbered 95, losses by transfer to other Branches 31, by default 17, by resignation, 12, and by death 9.

Friendly Societies and the Medical Profession.

The year has marked an epoch in connexion with the relations of medical practitioners and friendly societies. Action was taken by the Branch, on behalf of its members engaged in lodge practice, with a view to introducing the common form of agreement between medical officer and friendly society lodge approved (except as to certain details which were left undetermined) at the conference of September, 1912, between the friendly societies' representatives and the representatives of the Branch, for use throughout the State. The procedure necessary to give effect to the wishes of the members was elaborated with much care and thought. The introduction of new terms in friendly society lodge practice has opened up the question of the advisability of making adjustments in the coal-mining and possibly other industrial districts, where a large proportion of the people are accustomed to receive their medical attendance under contract practice conditions independently of the friendly societies. Two new affiliated local associations of members have been formed during the year—the Eastern District Medical Association, with its centre at Taree, and the South-Eastern Medical Association, with its centre at Wollongong. The rules of the local associations have been modified in several instances, so as to make their areas correspond to shires and municipalities, as being more suitable for organization.

"The Medical Journal of Australia."

The past year has still further emphasized the importance and value of the *Australasian Medical Gazette* as the organ of the Branch. The year has been a strenuous one by reason of the many questions of vital interest to the profession which have occupied the minds of the members, and the *Gazette* has done good service through its leading articles and otherwise, not only in affording information, but also in guiding professional opinion and in giving expression to it on these important matters. The time, however, is fast approaching when the Branch will be relieved, by the recently formed Australasian Medical Publishing Company, of the immediate responsibility of newspaper proprietorship. The formation of this company is a corollary of the federation of the Branches under the Federal Committee, and has for its primary object the conducting of a journal on behalf of all the Branches in Australia in common. In the new publication, which is to be called the *Medical Journal of Australia*, both the *Australasian Medical Gazette* and the *Australian Medical Journal* (the journal of the Victorian Branch) will be incorporated. The directors of the company have decided that the new journal shall be printed and published in Sydney, and have selected Dr. H. W. Armit of London to be the editor. Dr. Armit is expected to arrive in Sydney early in June, and the first issue of the new journal is to appear on July 4th.

The Visit of Dr. Macdonald.

Reference is made to the visit of Dr. J. A. Macdonald, the Chairman of the Council of the British Medical Association, to the meeting of the Australasian Medical Congress held in Auckland, New Zealand, in March last. As he was passing through Sydney at the time of a meeting of the Federal Committee and of a board meeting of the Australasian Medical Publishing Company an opportunity was afforded him of meeting many members of the New South Wales and other Branches in Sydney at that time. He attended as a visitor the meeting of the Federal Committee, and guided its deliberations on the most important subject of National Insurance.

Dr. Crago.

Leave of absence from meetings of the Council was granted to Dr. W. H. Crago on the occasion of his taking a well-earned holiday and a rest from the many onerous duties which he performs on behalf of his colleagues in the profession. For twenty-five years continuously Dr. Crago has been a member of the Council and an officer of the Branch. Except during his term of office as Vice-President in 1893 and President in 1894 and Acting Honorary Secretary, he has been the Honorary Treasurer. In addition to this, it is very largely due to his enthusiasm and foresight that the Branch possesses its own premises—the British Medical Association building. He organized the financial arrangements necessary in connexion with the acquisition of land and the erection of the building; he superintended its construction, and ever since its completion he has been the attorney of the Branch for its management. So numerous and exacting are the tasks and duties he has been performing, that it has not been easy for the Council, even by distributing them, to find members able and willing to act in his place. On the occasion of his departure, Dr. Crago was presented with a purse of sovereigns in recognition of his valuable services.

Election of Officers.

Dr. David Thomas has been elected President of the Branch for this year; Dr. George Armstrong has been elected Vice-President; Dr. R. H. Todd, Honorary Secretary; and Dr. W. H. Crago, Honorary Treasurer.

NORTHERN COUNTIES OF SCOTLAND BRANCH:

ROSS AND CROMARTY DIVISION.

THE annual meeting of the Ross and Cromarty Division was held at Dingwall on May 28th, when Dr. KAYE presided, and five other members were present.

The late Dr. Adam.—The Chairman and Secretary were instructed to prepare a special minute as to the loss the profession and the Division had sustained in the death of Dr. Adam (Dingwall); a copy of the minute was directed to be sent to Mrs. Adam.

Election of Officers.—The following officers were elected:

Chairman: Dr. Ross (Tain).
Vice-Chairman: Dr. Kaye (Strathpeffer).
Secretary and Treasurer: Dr. McKenzie (Tain).
Representatives on Branch Council: Dr. Pender Smith, Dr. Brodie.
Executive Committee: Dr. McLean, Dr. Knox, Dr. Somerville, Dr. Cameron, Dr. Pender Smith, and Dr. Johnstone.

The meeting unanimously agreed to nominate Dr. Moir (Inverness) as its Representative.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH:

FURNESS DIVISION.

THE annual meeting of the Furness Division was held in the Masonic Hall, on May 29th, when Dr. CROSS was in the chair, and nine other members were present.

Annual Report of Division.—Dr. THOMPSON, in presenting the annual report, gave an outline of what had been done during the year. There had been six Divisional and seven committee and special meetings. The number of members in December, 1913, was 53. Since then 4 had resigned and 2 had removed out of the district, leaving 47. Two had promised to join the Association. During the year the Division sustained a loss by the death of Dr. Fawcitt, of Broughton-in-Furness, an ex-President of the Branch and an ex-Chairman of the Division. In the early part of the year the Division was approached by medical practitioners in Millom to help them in their dispute with the friendly societies and ironworks club, with the result that an outside medical man was prevented from coming in. The Division was engaged during the greater part of the year in an endeavour to improve the condition of juvenile contract practice in Barrow. After prolonged negotiations an agreement was drawn up between representatives of the juvenile societies and representatives of the Furness Division, as a result of which the fees would now be increased by amounts varying from 100 to 150 per cent. Dr. CROSS (the Chairman) congratulated the Division on the report. Dr. DANIEL pointed out that the satisfactory result of the juvenile club question showed that the British Medical Association was not so useless as some would have it believed.

Vote of Thanks.—On the motion of Dr. CROSS, a vote of thanks was unanimously passed to Dr. Cockill for acting as Representative during the past year.

Election of Officers.—The following officers were appointed for 1914–15:

Chairman: Dr. Allen.
Vice-Chairman: Dr. Parsons.
Honorary Secretaries: Drs. Alexander and Thompson.
Representative at Representative Meetings: Dr. Callaghan.
Deputy Representative at Representative Meetings.—Dr. Riddell.
Representatives on Branch Council.—Drs. J. A. Reed and Johnston.
Members of Executive Committee: Drs. Livingston, Daniel, and Harper.

Dr. CALLAGHAN proposed that the Secretary of the Panel and Local Medical Committee (Dr. Wilson) be co-opted, and this was agreed to.

Public Health Work.—Dr. HARPER, in proposing that the Furness Division should take a more active part in public health work, made the following suggestion: (1) That there should be a municipal milk supply for infants (he gave statistics showing the good results of these institutions in various parts of the country); (2) that more should be done to assist those returned from the sanatorium; (3) as to the starting of municipal laboratories (the Chancellor in his Budget speech referred to this question); (4) the improvement of insanitary properties; and (5) provision of maternity beds at the hospital. Drs. SETTLE and CALLAGHAN supported Dr. Harper, and the Executive Committee was instructed to draw up a memorandum on the subject and present it to the Town Council through the medical officer of health.

School Medical Officers.—Letters were read from the School Medical Service Group of the Society of Medical Officers of Health, and Dr. Callaghan, the Representative, was instructed to support them at the Annual Representative Meeting.

SOUTH WALES AND MONMOUTHSHIRE BRANCH:

MONMOUTHSHIRE DIVISION.

THE annual meeting of the Monmouthshire Division was held in the Board Room of the Royal Gwent Hospital, Newport, on May 29th, when Sir GARROD THOMAS was in the chair, and twenty-one members were present.

Presentation to Mr. R. J. Coulter.—Before proceeding to the agenda a presentation was made to Mr. R. J. Coulter. In handing him a cheque for £25 10s., the CHAIRMAN referred to his recent marriage, which had given the Division the opportunity of showing their appreciation of his services while honorary secretary.

Election of Officers.—The following officers were then elected:

Chairman: Mr. R. J. Coulter.
Vice-Chairman: Dr. J. L. Sullivan.
Representatives on Branch Council: Sir Garrod Thomas, J. W. Mulligan, E. M. Griffiths, R. J. S. Verity, T. E. Lloyd.
Executive Committee: W. F. Nelis, G. R. Strong, W. D. Steel, T. Morrell Thomas, and S. Hamilton and E. Ryan as Secretaries of the Local Borough and County Medical Committees respectively.
Representation on the Branch Contract Practice Committee.—H. S. Elworthy, E. M. Griffiths, W. D. Steel.
Representative on Committee of Newport Maternity Home: O. E. B. Marsh.
Representative on Committee of Welsh National Memorial Association: S. Hamilton.
Honorary Secretaries: Dr. Acomb resigned the senior honorary secretaryship and Dr. P. C. P. Ingram was elected, Dr. Acomb consenting to remain on as junior honorary secretary.

Annual Report.—The report of the Executive Committee was received and adopted; it included a recommendation that the representative be given power to act according to his judgement at the Annual Representative Meeting. A proposition that the Representative be instructed to support the formation of the proposed defence fund was not carried.

Local Schemes.—A discussion took place on certain local schemes, and it was decided to consider them at a forthcoming special meeting of the Division.

Votes of Condolence.—Votes of condolence were passed with the relatives of the late Drs. Istance and Sheehy.

Vote of Thanks.—The meeting terminated with a vote of thanks to the Directors of the Hospital for the use of the Board Room.

SURREY BRANCH:

GUILDFORD DIVISION.

THE annual general meeting of the Guildford Division was held at the Royal Surrey County Hospital, Guildford, on May 29th, when ten members were present.

Annual Report of Division.—The annual report and financial statement of the Division were adopted.

Annual Representative Meeting.—Instructions were given to the Representative as to Annual Representative Meeting at Aberdeen in July. The Representative was also instructed to support resolutions mentioned in a letter from the School Medical Service Group of Society of Medical Officers of Health.

Annual Meeting Luncheon.—On the motion of Dr. LYNDON, seconded by Dr. MITCHELL, the following resolution was unanimously carried:

> That, in the opinion of the Guildford Division, the custom of the President of the Branch defraying the cost of the luncheon to the members at the annual meeting of the Branch should be discontinued, and that in future the cost should be defrayed from the funds of the Division in which the meeting is held.

Election of Officers.—The following were elected officers for the ensuing year:

Chairman: Dr. Lyndon.
Vice-Chairman: Dr. Lankester.
Honorary Treasurer and Secretary: Dr. Graham-Jones.
Representative for Representative Meeting: Dr. Lankester.
Representative on Branch Council: Dr. Caldicott.

The Executive Committee were re-elected with the addition of the name of Dr. Gardner (Weybridge) in the place of Dr. Bird (Godalming).

ULSTER BRANCH:

BELFAST DIVISION.

THE annual meeting of the Belfast Division was held on May 21st, Dr. GARDNER ROBB in the chair.

Election of Officers.—The office-bearers for 1914–15 were elected as follows:

Chairman: Dr. George St. George (Lisburn).
Secretary and Treasurer: Dr. W. L. Storey (Rosetta, Belfast).

Executive Committee: Drs. W. M. Burnside, *M. F. Cahill, T. C. D. Cathcart, *T. A. Davidson, J. R. Davison, *D. Gray, *Hugh Irvine, S. T. Irwin, R. W. Leslie, J. MacDonald, W. McLorinan, J. O'Doherty, *Gardner Robb, J. Rusk, F. C. Smyth, D. H. Tweedie, R. Watt (Belfast), *H. J. Boyd (Hillsborough), J. A. Clarke (Carrickfergus), W. R. Davison (Ballymena), W. D. Donnan (Holywood), A. E. Knight (Donaghadee), *R. Reid (Whiteabbey), *J. L. Rentoul (Lisburn).

Representative: Dr. W. L. Storey (Rosetta, Belfast).

(The members whose names are distinguished by an asterisk were appointed as Representatives on the Branch Council.)

Association Notices.

ANNUAL REPRESENTATIVE MEETING, 1914.

DATE OF MEETING.

THE Annual Representative Meeting of the Association, 1914, will be held at Aberdeen on Friday, July 24th, 1914, and following days as may be required.

AMENDMENTS BY DIVISIONS AND BRANCHES FOR AGENDA.

ANY further notices of amendment by Divisions or Branches to paragraphs of the Annual Report of Council (SUPPLEMENT, May 2nd), or in connexion with the Provisional Agenda for the Annual Representative Meeting (SUPPLEMENT, May 9th), will be published in the SUPPLEMENT of June 27th, 1914, if received by me by first post on Monday, June 22nd, at latest.

All such notices published in the SUPPLEMENT of June 27th will be included in the final printed Agenda issued to members of the Annual Representative Meeting. That Agenda will also include, in addition to the Provisional Agenda already published and to items arising out of the Supplementary Report of Council (to be published in SUPPLEMENT of June 27th), all notices of motion or amendment by Divisions or Branches received by me up to and including the first delivery on Monday, July 13th, 1914, and found by the Chairman of Representative Meetings to be in order.

By Order,
ALFRED COX,
Medical Secretary.

May 13th, 1914.

QUARTERLY MEETING OF COUNCIL.

THE Quarterly Meeting of Council will be held on Wednesday, June 24th, at 10 a.m., in the Council Room, 429, Strand, London, W.C.

By order,
GUY ELLISTON,
Financial Secretary and Business Manager.

June 4th, 1914.

SUGGESTED CHANGES OF BOUNDARIES.

NOTICE OF PROPOSAL FOR FORMATION OF A SEVENOAKS DIVISION.

NOTICE is hereby given under By-law 73 to all concerned of a proposal made by the Tunbridge Wells Division for formation of a Sevenoaks Division of the Association to form part of the Kent Branch, with area as follows:

The urban districts of Sevenoaks and Wrotham, the rural district of Sevenoaks, and the civil parishes of Stanstead, Shipbourne, and Ightham.

Formal written notice of the proposal has been given pursuant to Article 13 to the Maidstone Division and Kent Branch, and the matter will be determined in due course by or on behalf of the Council of the Association.

Any member affected by the proposed change and objecting thereto, is requested to notify the fact and his reason therefor to the Medical Secretary, 429, Strand, London, W.C., not later than July 13th.

BRANCH AND DIVISION MEETINGS TO BE HELD

BIRMINGHAM BRANCH.—Mr. Seymour Barling, Honorary Secretary (52, Newhall Street, Birmingham), gives notice that the annual meeting of the Branch will be held at the Medical Institute, Edmund Street, Birmingham, at 3.30 p.m. on Thursday, June 18th.

BIRMINGHAM BRANCH: CENTRAL DIVISION.—Dr. Ernest C. Hadley, Honorary Secretary (Burbury Street, Lozells, Birmingham), gives notice that members of the Central Division, Birmingham Branch, are requested to nominate officers for the posts of Chairman, Vice-Chairman, and two Honorary Secretaries for this Division to one of the honorary secretaries, Dr. Ernest C. Hadley, Burbury Street, Lozells, Birmingham, or Mr. Bernard J. Ward, 141A, Great Charles Street, Birmingham, in writing as early as possible. The annual meeting will be called at a late date in June, of which every member will have due notice.

BORDER COUNTIES BRANCH. — Dr. George R. Livingston, Honorary Secretary (47, Castle Street, Dumfries), gives notice that a general meeting of the Border Counties Branch will be held, by invitation of the President, at the Crichton Royal Institution, on Friday, June 19th, at 3 p.m. Members will meet at Crichton Hall (first house), for discussion of business and afternoon tea, and will then proceed to the Crichton Laboratory, where Dr. John Cruickshank will demonstrate some of the recent laboratory methods employed in medicine and psychiatry, and discuss their clinical bearings. Conveyances from Crichton Hall will leave Dumfries station on the arrival of the Carlisle train at 2.26 p.m., and return to the station in time for the 5.5 p.m. train to Carlisle.

CAMBRIDGE AND HUNTINGDON.—Dr. G. S. Haynes, Honorary Secretary (King's Lane, Cambridge), gives notice that the seventieth annual general meeting will be held at the Corn Exchange, St. Ives, Hunts, on Thursday, July 2nd. 12.20 p.m., business meeting, election of officers, etc.; 1.15 p.m., luncheon to members and their wives by the kind invitation of the President-elect, Dr. W. R. Grove; 3 p.m., presidential address.

DORSET AND WEST HANTS BRANCH.—Dr. Frank Fowler, Honorary Secretary (29, Poole Road, Bournemouth), gives notice that the summer meeting of the Dorset and West Hants Branch will be held at the Town Hall, Bridport, on Wednesday, July 8th, at 3.30 p.m. Mr. C. Edwards, Vice-President, will read a paper, "Dr. Roberts, a Bridport Worthy." Dr. H. C. Manning will open a discussion on "The Theory and Practice of Tuberculin Treatment." The Bridport practitioners very kindly invite members to luncheon at the Greyhound Hotel (1.30 to 2.30), and Mr. and Mrs. Edwards, Granville House, have kindly offered to give tea. By kind permission of the Mayor, the Municipal Archives will be on view at the Town Hall from 2.30 to 3.30. The West Dorset Golf Club kindly offer members the free use of the club at West Bay. Plans of the proposed new Bridport Hospital will be on view.

EAST YORK AND NORTH LINCOLN BRANCH.—Dr. H. L. Evans, Honorary Secretary, gives notice that the annual meeting of this Branch will be held in Hull on Friday, July 10th. Accounts, election of officers, etc.

EDINBURGH BRANCH.—Drs. John Stevens and John Eason, Honorary Secretaries, give notice that the annual meeting of the Edinburgh Branch will be held in the hall of the Royal College of Surgeons, Nicolson Street, on Friday, June 26th, at 4 p.m. Tea will be served from 3.30 to 4 o'clock. Business:—Report of Branch Council. Treasurer's financial statement. Election of office-bearers. Report of election of Dr. J. R. Hamilton as member of Council for the Edinburgh and Fife Branches for 1914–15. Scottish Committee: (1) Report of proceedings—contract practice, midwives' bills, etc.; (2) proposal for appointment of whole-time Medical Secretary for Scotland. (Motion: "That the whole-time Medical Secretary for Scotland and his entire staff should be located in Edinburgh." (Unanimous recommendation of Branch Council.)) Election to vacancy on the board of management of the Queen Mary Nursing Home; Branch Council nominate Dr. W. R. Martine, Haddington. Local Guarantee Fund: (1) Report of Branch Council's action—(*a*) Levy called up; (*b*) Decision to return the balance left, after paying expenses, to those who subscribed. (2) Recommendation by Branch Council that this fund should now be abrogated. National Insurance—prospective legislative changes: (1) For provision of laboratories and nurses; (2) proposal *re* medical referees. Rules of the Edinburgh Branch: Recommendation of Branch Council—(1) That the Branch give instructions for their revision and submission to a future meeting; (2) proposed new rule—"That one Honorary Secretary of each Division be *ex officio* a member of the Branch Council."

KENT BRANCH.—Dr. Hugh M. Raven, Honorary Secretary (Barfield House, Broadstairs), gives notice that a clinical meeting will be held at the Kent and Canterbury Hospital, at 3.15 p.m., on Thursday, June 18th, 1914, Dr. Sidney Wacher in the chair. All medical practitioners, whether members of the British Medical Association or not, are cordially invited to these meetings, which it is hoped will meet a want expressed by many practitioners in East Kent, and that they will make an effort to attend. Agenda: Difficulties in the diagnosis of pulmonary tuberculosis in children, by Dr. Reginald Miller (Great Ormond Street and St. Mary's Hospitals). The staff of the hospital will demonstrate cases of interest. Notes on a case of lymphatic leukaemia by Mr. E. L. Gowlland. Some experiences of cases treated with stock vaccines, by Mr. Hugh M. Raven.

LANCASHIRE AND CHESHIRE BRANCH.—Mr. F. Charles Larkin, Honorary Secretary, gives notice that the provisional arrangements for the annual meeting at Knutsford on Wednesday, June 17th, are as follows: 12 to 1, Lunch given by the Altrincham

Division. 1 to 3, Business meeting, President's address, scientific papers. 3 to 6, Excursions. 7.30, Dinner at the Queen's Hotel, Manchester. Members desiring to make scientific, clinical, or other communications are requested to notify the Branch Secretary.

LANCASHIRE AND CHESHIRE BRANCH: WARRINGTON AND ST. HELENS DIVISIONS.—Drs. F. J. Knowles and T. A. Murray, Honorary Secretaries, give notice that a joint meeting of the above Divisions will be held at the Earlestown Town Hall, on Tuesday, June 16th, at 4 p.m. Agenda: Election of Representative for Representative Meeting, 1914; election of deputy; discussion of agenda for Representative Meeting, 1914; report of Council.

METROPOLITAN COUNTIES BRANCH.—Dr. R. E. Crosse and Mr. N. Bishop Harman, Honorary Secretaries, give notice that the annual general meeting of the Branch will be held at 429, Strand, W.C., on Friday, June 26th, at 4 p.m. The business will be: Report of Scrutineers as to the election of new officers; Annual Reports of Council and of Representatives of the Branch on the Central Council, and the President's Address, "Some Observations on Modern Vascular Problems."

METROPOLITAN COUNTIES BRANCH: EAST HERTFORDSHIRE DIVISION.—Dr. H. D. Ledward, Honorary Secretary (123, Norton Way, Letchworth), gives notice that the second annual meeting of the Division will be held at 3 p.m., on Thursday, June 18th, at the North Hertfordshire and South Bedfordshire Hospital, Hitchin. Agenda: To receive correspondence; to receive the Honorary Secretary's annual report; to elect officers, the Representative of the Division on the Branch Council, and the ordinary members of the Executive Committee; to elect the Representative and Deputy Representative of the Division in Representative Meetings; to consider the business of the Annual Representative Meeting.

METROPOLITAN COUNTIES BRANCH: GREENWICH AND DEPTFORD DIVISION.—Dr. W. H. Payne, Honorary Secretary (8, Vesta Road, Brockley, S.E.), gives notice that the annual meeting of the Greenwich and Deptford Division will take place at the St. John's Church Room, Lewisham High Road, on Wednesday, June 24th. Business: (1) To receive the annual report; (2) to elect the officers, Representatives, and Executive Committee for the ensuing year; (3) to instruct the Representative; (4) any other business.

METROPOLITAN COUNTIES BRANCH: WESTMINSTER DIVISION.—Dr. W. A. Milligan, Honorary Secretary (11, Upper Brook Street, W.), gives notice that the next meeting of this Division will be held on Tuesday, June 16th, at the Criterion Restaurant, W., when the President, Mr. J. Howell Evans, F.R.C.S., will be in the chair. At 7.30 p.m. the members will dine together, but if members are unable to attend the dinner it is hoped they will come to the meeting at 8.45 p.m. Agenda: Election of officers (1914–15); instructions to Representatives to Annual Representative Meeting.

MIDLAND BRANCH: LEICESTER AND RUTLAND DIVISION.—Dr. R. Wallace Henry, Honorary Secretary (6, Market Street, Leicester), gives notice that the annual meeting of the Division will be held at the Royal Infirmary, Leicester, on Wednesday, June 17th, at 4 p.m. Agenda: (1) Nomination of a Vice-President of the Branch for 1914–15. (2) Election of Representatives of the Division upon the Branch Council, and of officers and members of the Executive Committee of the Division. (3) Annual report of the Executive Committee. (4) Discussion of matters referred to the Divisions (see SUPPLEMENTS of the JOURNAL).

MUNSTER BRANCH.—Dr. Philip G. Lee, Honorary Secretary, gives notice that the annual meeting of the Branch will be held at 74, South Mall, Cork, on Saturday, June 20th, at 4.30 p.m. Business: Election of (1) officers and Council for 1914–15, (2) Ethical Committee of the Branch, (3) Representative and Deputy Representative for Representative Meeting, and (4) Representative to Irish Committee.

NORTH LANCASHIRE AND SOUTH WESTMORLAND BRANCH.—Dr. J. Livingston, Honorary Secretary (2, Hartington Street, Barrow-in-Furness), gives notice that the annual meeting of the Branch will be held in the Friends' Hall, Lancaster, on Wednesday, June 24th, at 3.45 p.m. Agenda: (1) Report of Council. (2) Statement of accounts. (3) Election of office-bearers. (4) Introduction of new President, Mr. A. S. Barling. (5) Vote of thanks to retiring President, Dr. F. E. Daniel. (6) President's address. Subject: "Operations for the Cure of Hernia." To be followed by a discussion. Messrs. Down Bros. will exhibit a large selection of surgical instruments, and Messrs. Baillière, Tindall, and Cox a number of new books. In order to make the meeting as instructive as possible, members are requested to bring cases and specimens of interest. The President hopes that all members and their friends will take tea with him, and Dr. Livingston asks those intending to accept this hospitality to be good enough to give him a few days' notice so that suitable arrangements may be made.

SOUTH-WESTERN BRANCH.—Mr. Russell Coombe, Honorary Secretary, gives notice that the seventy-fifth annual meeting will be held on Tuesday, June 23rd, at the Royal Hotel, Plymouth, at 12.30 p.m., when Mr. Eales will resign the chair to Mr. Woollcombe. The report of the Branch Council for the year 1913–14 and the annual financial statement for the year 1913 will be presented to the meeting, and the officers of the Branch will be elected for the year 1914–15. Luncheon, by the kind invitation of the President-elect and members of the Plymouth Division, will take place from 1.30 p.m. to 2.30 p.m. at the Royal Hotel. The annual dinner of the Branch will be held at the Royal Hotel at 7 o'clock for 7.30 prompt. Tickets, 6s. 6d. each (exclusive of wine), can be had from Dr. Pinker, 10, Braidwood Terrace, Mutley, Plymouth. Early applications for dinner tickets will greatly facilitate arrangements, and in any case they should be made not later than the first post on Monday, June 22nd. The President is especially desirous of making the dinner a leading feature. To facilitate this he has intimated his desire to entertain those ladies accompanying members coming from outlying Divisions as his guests at the annual dinner of the Branch. Excursions (at 2.30 p.m.)—(1) Visit to H.M. Dockyard and inspection of modern battleship; (2) excursion to Bantham (Dr. E. L. Fox will entertain visitors at tea); (3) golf on Mt. Batten links. Members wishing to be accommodated with bed and breakfast are requested to send their names to Mr. E. J. Donbavand, Plymstock, South Devon, who will endeavour to arrange for them.

STAFFORDSHIRE BRANCH.—Dr. Harold Hartley, Honorary General Secretary (Basford, Stoke-on-Trent), gives notice that the forty-first annual meeting of the Branch will be held at the North Stafford Hotel, Stoke-on-Trent, on Thursday, June 25th, at 4.30 p.m., when an address will be delivered by the President-elect, Dr. J. Russell. Agenda: Introduction of the new President; Correspondence; report of the Council; the financial statement; election of officers for the ensuing year—President-elect, Secretary, and Treasurer; to decide the place of holding the next annual meeting; address by the President. Members have the privilege of introducing friends. Dinner at 6.45 p.m. Charge 5s.

SURREY BRANCH.—Dr. Cecil P. Lankester, Honorary Secretary (1, Rectory Place, Guildford), gives notice that the first annual meeting of the Surrey Branch will be held (by the kind invitation of the Reigate Division) on Wednesday, June 17th, at 2.30 p.m., at the White Hart Hotel, Reigate. The Reigate Division kindly invites members to lunch at the hotel at 1.15. There will be an excursion in the afternoon to Gatton Hall, where the members will be the guests of Sir Jeremiah Colman, Bart. The annual dinner will be held at the White Hart Hotel at 6.30 o'clock. Charge 6s. Wines will be provided by the Division. In order to facillitate arrangements, members are requested to notify Dr. Lankester of their intention to be present before June 14th. A meeting of the Branch Council will be held before lunch. Notice with agenda will be sent to members of Council in due course.

SUSSEX BRANCH.—Dr. A. S. Morton Palmer, Honorary Secretary, *pro tem.* (103, Marine Parade, Worthing), gives notice that the first annual meeting of the Sussex Branch will be held in Worthing, on Friday, June 26th, at 2.30 p.m., preceded by a meeting of the Council of the Branch at 12 noon, and luncheon by kind invitation of Dr. Gostling, Chairman of the Branch. After the transaction of ordinary business and a short presidential address, cinematograph films of medical interest will be shown. At 5 p.m. members are kindly invited by Dr. and Mrs. Gostling to a garden party at Barningham. Members are requested to notify Dr. Palmer at their earliest convenience whether they will be present at the lunch or no.

WORCESTERSHIRE AND HEREFORDSHIRE BRANCH.—Mr. S. Colin Legge, Honorary Secretary (24, Foregate Street, Worcester), gives notice that the annual meeting of the Worcestershire and Herefordshire Branch will be held at the Worcester General Infirmary, at 3.30 p.m., on Wednesday, June 24th. Agenda: (1) Report of Council; (2) election of office-bearers; (3) the retiring President, Mr. J. Lionel Stretton, will deliver an address and introduce his successor, Mr. Herbert Jones.

YORKSHIRE BRANCH.—Dr. Adolph Bronner, Honorary Secretary (33, Manor Road, Bradford), gives notice that the annual meeting of the Branch will be held at the Royal Eye and Ear Hospital, Bradford, on Wednesday, June 17th, at 4.15 p.m., for the election of Vice-President, Secretary, and Treasurer, etc. Members intending to read papers, make any communications, propose new members, or show cases or specimens, are requested to notify him at once. The annual dinner will take place at the Midland Hotel at 6.30 p.m.

THE LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

A LIST of periodical publications, official reports, and Blue Books in the Library of the British Medical Association available for issue to members on loan has been printed, and copies can be obtained free on application to the Librarian, at the house of the Association, 429, Strand, W.C. The regulations governing the loan of these publications are stated in the introduction to the list. The Library is open for consultation from 10 a.m. till 5 p.m. (on Saturdays till 2 p.m.).

British Medical Association.

SCHOLARSHIPS AND GRANTS IN AID OF SCIENTIFIC RESEARCH.

SCHOLARSHIPS.

THE Council of the British Medical Association is prepared to receive applications for Research Scholarships, as follows:

1. An ERNEST HART MEMORIAL SCHOLARSHIP, of the value of £200 per annum, for the study of some subject in the department of State Medicine.
2. THREE RESEARCH SCHOLARSHIPS, each of the value of £150 per annum, for research into some subject relating to the causation, prevention, or treatment of disease.

Each Scholarship is tenable for one year, commencing on October 1st, 1914. A Scholar may be reappointed for not more than two additional terms.

The Conditions of the award of Scholarships are stated in the Regulations, a copy of which will be supplied on application to the Medical Secretary of the Association, 429, Stand, London, W.C.

GRANTS.

The Council of the British Medical Association is also prepared to receive applications for Grants for the assistance of Research into the Causation, Treatment, or Prevention of Disease. Preference will be given, other things being equal, to members of the medical profession, and to applicants who propose as subjects of investigation problems directly related to practical medicine.

The Conditions of the award of Grants are stated in the Regulations, a copy of which will be supplied on application to the Medical Secretary of the Association, 429, Strand, London, W.C.

Applications for Scholarships and Grants for the year 1914–15 must be made not later than Saturday, June 20th, 1914, in the prescribed form, a copy of which will be supplied by the Medical Secretary on application.

Each application should be accompanied by testimonials, including a recommendation from the head of the laboratory, if any, in which the applicant proposes to work, setting out the fitness of the candidate to conduct such work, and the probable value of the work to be undertaken. This is not intended, however, to prevent applications for Grants in aid of work which need not be performed in a recognized laboratory.

ALFRED COX, *Medical Secretary.*

429, Strand, London, W.C.

SHIP SURGEONS SUBCOMMITTEE.

A MEETING of the Standing Ship Surgeons Subcommittee of the Medico-Political Committee was held on March 18th, when there were present: Mr. J. T. MACNAMARA (in the chair), Dr. A. Grosvenor Hincks, Dr. W. P. Norris, Dr. T. H. Parkes Peers, and Dr. J. H. Taylor.

"Casual" Ship Surgeons.

The recommendation of the last meeting of the Subcommittee with regard to this question having been referred back to it for further consideration, a final decision was postponed.

Advertisements for Ship Surgeons.

The recommendation of the last meeting of the Subcommittee with regard to advertisements for ship surgeons tendered for insertion in the JOURNAL, which did not afford to intending applicants facilities for obtaining all essential information as to such appointments, was also reconsidered, and a modified recommendation was made.

Royal Naval Reserve, Surgeons' Branch.

The Subcommittee considered the question of (1) the organization of a medical department in connexion with the Royal Naval Reserve, to be recruited from ship surgeons; and (2) representations to the Admiralty upon such questions. It also had before it a memorandum upon the subject by Dr. Elder; in his absence it was decided to postpone consideration of the matter until the next meeting, and to ask him to prepare a memorandum upon the constitution of the Royal Naval Reserve and the Royal Naval Volunteer Reserve.

Shore Pay: Annual Leave on Full Pay.

The Subcommittee had before it a report of action taken in the matter of obtaining the views of the "correspondents" of the Subcommittee and ship surgeons in general upon the questions of (1) shore pay, and (2) annual leave on full pay. In view of the small number of replies received the Subcommittee decided to make a further appeal to ship surgeons for information.

"Correspondents" of Subcommittee.

The Subcommittee had before it a report of action taken in the matter of enlisting the assistance of the Honorary Secretaries of the Australian Branches in obtaining "correspondents" in the various Australian ports.

It was decided to appoint Dr. C. J. Cooke as "correspondent" of the Subcommittee for Plymouth, and, at the same time, to withdraw Dr. Edgar Du Cane's name from the list of London "correspondents," in accordance with his desire.

Conditions of Service in Shipping Companies.

The Subcommittee had before it a table of particulars of conditions of service under various shipping companies.

Payment of Ship Surgeons for Attendance upon First and Second Class Passengers.

The Subcommittee decided upon a draft scale of fees for attendance upon first and second class passengers suitable for suggestion to shipping companies, and recommended its adoption by the Medico-Political Committee.

Minimum Salary and Status of Ship Surgeons.

The Subcommittee will consider at its next meeting the question of the status of ship surgeons, and the desirability of raising the minimum remuneration approved by the Association.

THE following practitioners have consented to act as "Correspondents" of the Ship Surgeons Subcommittee, and are prepared to discuss with any ship surgeon in their area any matter of interest either to that surgeon or to ship surgeons in general, and to forward representations to the Subcommittee in regard to any question in connexion with which central action seems desirable:

Correspondent.	*Port.*
Dr. J. Godding, 56, Leadenhall Street, London, E.C.	London.
Dr. A. G. Hinks, 40, St. Vincent Row, Southend-on Sea	London.
Dr. H. T. Bates, Church Road, Wavertree, Liverpool	Liverpool.
Dr. C. Carlyle, 13, Menlove Avenue, Mossley Hill, Liverpool	Liverpool.
Dr. C. J. Cooke, 1, Sussex Terrace, Plymouth	Plymouth.
Dr. J. C. H. Beaumont, Chinsura, Khartoum Hill Road, Southampton	Southampton.
Dr. O. V. Currie, Union Castle Buildings, 58, Adderley Street, Capetown	Capetown.

Ship surgeons visiting these ports and desiring to discuss matters of interest to the service are invited to place themselves in communication with the correspondent for the port.

The Medical Secretary, 429, Strand, London, W.C., will be glad to hear from practitioners in passenger ports not mentioned above who are willing to act as correspondents to the Subcommittee.

Ship surgeons are also asked to forward for the guidance of the Subcommittee, either to one of the above correspondents or to the Medical Secretary, British Medical Association, 429, Strand, London, W.C., their views upon the following questions:

(1) Whether ship surgeons should receive full sea pay while in port *plus* a subsistence allowance at the same rate granted to the chief officer, with a possible liability to have to report every day at the office of the company, or whether they would prefer to receive full sea pay only in port without such liability; subsistence pay, however, to be paid upon those days in port when any duty connected with the ship is performed.

(2) Their views generally on the question of annual leave being granted with full pay to permanent ship surgeons.

LOCAL MEDICAL AND PANEL COMMITTEES.

LONDON.

PANEL COMMITTEE.

A SPECIAL meeting of the London Panel Committee was held on June 9th to deal with adjourned business.

Scheme of Allocation.

The Panel Committee having determined to concur in the resolution adopted by the Insurance Committee in respect to the crediting of additional capitation fees (moneys accumulated in respect of persons who have not chosen a doctor) to practitioners for the year 1914 (SUPPLEMENT, March 7th, p. 137), the meeting considered a scheme, prepared at the request of the Commissioners, setting out the arrangements to be made for the assignment of persons who experience difficulty in obtaining acceptance, and for the crediting of additional capitation fees. Under the scheme the Panel Committee undertook that the services of a practitioner should be available to any insured person needing them, and to circulate to practitioners a list of doctors prepared to give immediate treatment. A practitioner who refused a person was required to furnish him with an introduction to the doctor on the special list whose surgery was nearest to the insured person's residence. In regard to additional capitation fees, a practitioner who declined to have persons assigned to him would not be entitled to share; this would not apply to a woman practitioner who did not wish to accept male patients. Additional capitation fees would not be credited in respect of persons on a doctor's list in excess of 2,000, but no notice would be taken of persons on a doctor's list in another county.

Dr. MAJOR GREENWOOD moved the deletion of the last clause on the ground that it would give practitioners on the borders of the county a special advantage.

Dr. B. A. RICHMOND (Secretary of the Committee) said the difficulty was that the Panel Committee had no power to obtain information on this point from other Insurance Committees.

Dr. J. F. KEENAN, who seconded the amendment, condemned the 2,000 limit. Doctors could not be prevented from accepting more than that number, and they ought not be penalized.

Dr. RICHMOND said that the Panel Committee agreed in the first instance that there should be no limit; but when the scheme came before the Medical Benefit Subcommittee of the Insurance Committee objection was taken to the absence of the limit. He had urged on the Insurance Committee that the difficulties in the industrial areas would not be solved by penalizing the doctors with large lists. The medical representatives were out-voted, and the alternative of a 1,500 limit was proposed. This was defeated, but the Committee decided upon the 2,000 limit. However, if accurate figures were obtained for the whole metropolis, he believed it would be found now that in large list areas—the industrial districts—there were very few people who had not chosen a doctor. The Panel Committee had already accepted the 2,000 limit as a compromise; members must realize that it was no use reiterating their original demand for no limit. If the Insurance Committee had not acted in the matter the Commissioners would have done so.

It was agreed by 17 votes to 16 that the clause should stand part of the scheme, and the scheme was then approved as a whole.

Alleged Extravagant Prescribing.—The Pharmacy Subcommittee asked for instructions to inquire into alleged cases of extravagant prescribing. Some members demurred to this proposal, but it was pointed out that the Regulations provided that the Panel Committee must undertake such inquiries at the request of the Pharmaceutical Committee; and Dr. C. W. HOGARTH, the Chairman of the Subcommittee, mentioned that the cases were quite extraordinary; musk had been ordered at a cost of 10s. a dose, also cylinders of oxygen.

The Budget Proposals.—The Panel Service Subcommittee reported further with reference to the suggestions formulated at the last meeting[1] as to the best ways, from the professional view, in which the money provided by the Budget in aid of public health and insurance services could be expended. In regard to the proposal to establish centres for the co-operation of practitioners on the panel the Subcommittee noted that the character of the centres was not defined; it would seem that their nature and scope had not yet been finally determined. It was most desirable, therefore, that the Panel Committee should place before the Insurance Commissioners its views as to the character of the assistance in this matter which would be most beneficial to the practitioner on the panel. It had been suggested to the Subcommittee that the centres might take one of the three following forms:

1. A place to which a practitioner on the panel might take a difficult case for consultation with a specialist.
2. A place to which a practitioner on the panel might take a difficult case for discussion with other practitioners on the panel.
3. A place where a practitioner on the panel, if he so desired, might perform his ordinary surgery work.

Although of opinion that much good might result both to the practitioner and to the insured person from a consultation such as that referred to in (2), the Subcommittee did not think that the money available would be utilized to the greatest advantage in aiding centres of this description, for although there was no doubt that the practitioners on the panel in some areas would make considerable use of such centres, the evidence before the Subcommittee suggested that in other areas the practitioners' interest in and use of the centres would not be sustained. The conditions of medical practice in the various areas differed so considerably that it was difficult to formulate a scheme which would be satisfactory in all parts of the county, but as an experiment the money available might well be utilized in connexion with the establishment of centres where a number of practitioners on the panel would be able to see their industrial patients. Properly planned and adequately equipped centres were apparently particularly desirable in those areas in which it was difficult for practitioners individually to secure satisfactory surgery and waiting room accommodation, and the use of such centres in common by a number of practitioners on the panel would secure to them advantages which they could only collectively obtain. Thus it would no doubt be possible to engage a clerk who would relieve practitioners of purely clerical duties, and to arrange for an *x*-ray operator, consultants, and possibly the medical referee to be appointed by the Commissioners to attend at the centre at regular intervals. It might even be possible to secure that one or more trained nurses should be attached to the centre.

The Subcommittee accordingly recommended:

Centres for the Co-operation of Practitioners.

1. That in London the proposed centres for the co-operation of practitioners on the panel should be sufficiently numerous, and should be so situated that each practitioner on the panel might have an opportunity, if he so desires, of seeing his industrial patients at such a centre.
2. That the centre should provide consulting rooms for a number of practitioners and accommodation for a trained nurse, an *x*-ray operator, a clerk, and, if possible, a chemist on the list of persons supplying drugs and appliances.
3. That arrangements should be made for the occasional attendance at the centre of consultants.
4. That the centres should be under the joint control of the Insurance and Panel Committees.

The report was not reached until after the Committee had been sitting for a considerable time. Dr. H. J. CARDALE was pointing out the desirability of centralized arrangements in readiness for the time dependants of insured persons came under the Act and the work of panel practitioners would be greatly increased, when the CHAIRMAN declared there was not a quorum present, and the meeting adjourned.

BOURNEMOUTH.

LOCAL MEDICAL AND PANEL COMMITTEES.

Medical Referees.

IN Bournemouth, as in other places, certain of the approved societies are offering a fee of 5s. a case for referee work, and unfortunately in some cases have been successful in getting the work done for this inadequate fee. The Local Medical and Panel Committees have adopted the fee suggested by the British Medical Association—

[1] SUPPLEMENT, May 30th, p. 396.

namely, 10s. 6d. The matter has also been before the local Division, and the Honorary Secretary of the Division has instructions to send out a circular to ask all practitioners practising in the area not on any account to accept a lower fee than half a guinea.

The approved societies in question are instructing their managers and agents that if they cannot get a local doctor to accept the fee of 5s., they are to collect cases and then the society will send a referee from elsewhere to see a batch of patients on one day and thus make it worth his while. It is sincerely to be hoped that they will not get practitioners to act in the way they anticipate. The fee of half a guinea is really a very moderate fee indeed for the work entailed, which includes (1) communicating with the approved society, (2) communicating with and possibly a consultation with the doctor in charge of the case, (3) communicating with the patient to make an appointment, (4) examining the patient, and (5) reporting to the approved society.

WARWICKSHIRE.

PANEL COMMITTEE.

A MEETING of the Warwickshire Panel Committee was was held at Coventry on May 26th.

Treatment of Unallotted Persons.—The SECRETARY reported that the scheme for treatment of unallotted insured persons by doctors had been accepted by the Commissioners, and that in future, therefore, advance payments would be made to all doctors who had signified their willingness to give treatment to the unallotted insured persons up to 90 per cent. of the total panel fund.

Advance Payment.—The SECRETARY reported that at the recent meeting of the Executive Committee and representatives of the Insurance Committee, it was agreed that advance payments should be made to all doctors at the following rate, per quarter:

	s.	d.
Professional services	1	6
Domiciliary treatment	0	1
Drugs	0	5
Total	2	0

Capitation Rate for Emergency Drugs.—It was arranged, also, to pay to doctors who do not dispense a capitation rate of 6d. per hundred accepted patients per half year for emergency drugs or dressings, etc. Any number over fifty to count as one hundred patients, fifty or under being ignored.

Model Schemes for Election of Panel Committees and Local Medical Committees.—Model scheme B, for the election of future Panel Committees, was finally approved with the necessary modications applicable to this area; and model scheme A, for the formation of future Local Medical Committees, was also approved—that is, that the personnel of Local Medical Committee should be the same as that of the Panel Committee for the area.

Expenses of Committee.—The SECRETARY also reported the receipt of further communications sanctioning the voluntary levy, there being now only about twenty doctors who had not yet consented, out of a total of about 200.

DUMBARTONSHIRE.

A MEETING of the Dumbarton County Panel Committee was held in Glasgow on May 20th, when there was a large attendance of members.

Dispensing by Doctors.—In conference with the County Pharmaceutical Committee it was agreed that £10 from the balance of the Drug Fund for the first medical year should be set aside for distribution among those doctors who were permitted to dispense throughout the year.

Repeat Prescriptions.—The question of repeat prescriptions was also considered jointly, and it was agreed that each committee should obtain further information with a view to arriving at a satisfactory arrangement at a later conference. Meanwhile, the Insurance Committee was to be requested to continue unaltered the arrangements existing last year,

Checking of Prescriptions.—It was unanimously resolved to make a joint representation to the Insurance Committee strongly recommending it to arrange for the independent checking of prescriptions in the interests of all concerned.

Drug Tariff.—After the Pharmaceutical Committee had withdrawn, the Commissioners' recent circular and post-card (SUPPLEMENT, May 23rd, p. 378) as to the proposal to increase chemists' dispensing fees and alter certain prices in the Drug Tariff were considered. Twenty-four replies to the post-card had been received:

I.	Approving increased dispensing fees ...	5
	Disapproving increased dispensing fees ...	19
II.	Approving adjustment of prices	22
	Disapproving adjustment of prices... ...	2

It was unanimously decided to inform the Commissioners that the Panel Committee did not approve of the payment out of the Drug Fund and Drug Suspense Fund of the increased dispensing fees desired by the chemists, but did approve of the adjustment of prices.

FIFE.

A MEETING of the Panel Committee for Fife County was held in Kirkcaldy on May 22nd, when Dr. DOUGLAS was in the chair, and eight other members were present.

Drug Tariff.—The HONORARY SECRETARY stated that he had received seventeen post-card replies in connexion with the Drug Tariff (SUPPLEMENT, May 23rd, p. 378), and that all the doctors had answered the second question in the negative, and that ten had answered the first in the affirmative, and seven in the negative. It was unanimously decided to instruct the Honorary Secretary to write the Commissioners expressing (1) disapproval of payment out of the Drug Suspense Fund of the increased dispensing fees desired by the chemists, owing to the unsatisfactory credit by the Medical Benefit Fund to the county for the year 1913; and (2) adjustment of prices in connexion with the drug tariff.

Panel Fund.—The HONORARY SECRETARY then explained the attitude adopted by the Fife County Insurance Committee in connexion with the dissatisfaction of insurance service practitioners with reference to the Panel Fund credited to the county area for 1913. He stated that the matter had been referred to a subcommittee after favourably considering the matter. It was decided to await further developments. The Committee thereafter met Mr. Jackson, of the County Insurance Committee, who willingly answered many questions in connexion with medical benefit. A vote of thanks to Mr. Jackson terminated the proceedings.

PERTH.

LOCAL MEDICAL AND PANEL COMMITTEES.

A MEETING of the Local Medical and Panel Committees of Perth and Perthshire was held at Perth on May 19th, when Dr. MACKAY, in the absence of Dr. Stirling, occupied the chair, and six other members were present. A deputation of chemists subsequently attended.

Drug Tariff.

Dr. LYELL explained that the meeting was held by desire of the Commissioners in order to discuss the proposals of the chemists of Scotland for a revision of the Drug Tariff, and the post-card replies of practitioners to the questions of the Commissioners (SUPPLEMENT, May 23rd, p. 378).

The SECRETARIES reported that they had so far only received twenty-four post-cards, excluding those sent in duplicates.

Question No. 2 was first discussed (eighteen answers in the affirmative and six in the negative). The general feeling of the meeting was that the adjustment of prices referred to in this question was reasonable.

Question 1 gave rise to much discussion, during which the deputation of chemists gave free expression to their views regarding the necessity for increased dispensing fees. The point was raised as to how far the so-called Drug Suspense Fund had anything to do with the chemists' tariff, and it was pointed out that the secretary of the Pharmaceutical Standing Committee stated that the question as to where the money for adequate payment of the chemists' demands was to come from was entirely distinct from the so-called "floating sixpence."

The SECRETARIES stated that there were thirteen affirmative and eleven negative answers to this question.

To bring matters to a conclusion it was resolved, on the motion of Dr. HUME, seconded by Dr. TROTTER,

> That having fully considered the proposed tariff for 1914, and heard the arguments advanced by the deputation of chemists in regard to the justice of the charges, this meeting quite approves of the said tariff.

Dr. TROTTER read a circular by the Perthshire Pharmacists Association, in which various instructions were laid down in connexion with the prescribing and dispensing of medicines. This gave rise to considerable discussion, it being pointed out that some of the instructions would give occasions for difficulty, and more especially that No. 5, namely, that repeat prescriptions should be written out in full, was quite impracticable. A small committee of three doctors (Menzies, J. Hume, and Trotter) and three chemists (afterwards to be named), was appointed to consider and report on the various matters contained in the circular, more especially Nos. 2 and 4, and also to review the list of proprietary medicines appended to the said circular.

Administration Expenses.

On the motion of Dr. HUME, seconded by Dr. BISSETT, it was resolved;

That the secretaries be empowered to approach the Local Insurance Committees to obtain permission to make the levy on panel practitioners of a sum not exceeding 1d. per insured person for the administrative purposes of the Local Medical and Panel Committees of the City and County, in accordance with Section 33 (2) of the Amending Act, 1913.

INSURANCE ACT COMMITTEE.

THE sixteenth meeting of the Insurance Act Committee was held at the office of the Association on Thursday, June 4th. Mr. T. JENNER VERRALL was in the chair, and the other members present were:—*England and Wales:* Dr. R. M. Beaton (London), Dr. Mina L. Dobbie (London), Dr. E. R. Fothergill (Hove), Dr. Major Greenwood (London), Miss M. F. Ivens, M.S. (Liverpool), Dr. C. H. Milburn (Hull), Dr. G. K. Smiley (Derby), Mr. D. F. Todd (Sunderland), Dr. W. B. Crawford Treasure (Cardiff), Mr. E. B. Turner (London). *Scotland:* Dr. John Adams (Glasgow), Dr. R. McKenzie Johnston (Edinburgh). *Ireland:* Dr. J. S. Darling (Lurgan).

FEES FOR CONSULTATION IN CONNEXION WITH AN INSURED PERSON.

It was reported that in accordance with instructions given by the Committee at its previous meeting the opinion of the solicitor to the Association had been obtained upon the following question:

Where a mistress wishes a consultation in respect of her servant who is an insured person, is the panel practitioner concerned entitled to charge the mistress a fee for his attendance at such consultation?

The opinion was in the following terms:

3rd June, 1914.

Dear Dr. Cox,

With reference to the question submitted to me for my opinion by your letter dated the 30th May ultimo, as I read the facts I gather them to be as follows, namely, that a mistress has in her employment a maid who is the patient of and is under the care and treatment of a medical man who is upon the panel and towards whom such practitioner stands in the capacity of a panel doctor.

The mistress, of her own volition, informs the doctor in question that for her own satisfaction, peace of mind, or comfort she would like a consultation to take place with another medical man, and she suggests and asks him to meet such other medical man in consultation.

The panel practitioner has, in my view and opinion, in such circumstances the right either to decline or to acquiesce in the request which is made of him, and if he acquiesces in the arrangement proposed he does so, in my opinion, at the direct instance and request of the mistress, thereby rendering a personal service to her which does not fall within his contractual duties with the Insurance Committee towards the patient.

It would, in my opinion, be an act of prudence on the part of the panel practitioner to make the position perfectly clear to the mistress at the time that the arrangement is made with him, and I should certainly advise the propriety of his informing her that it is at her request that he meets in consultation the medical man whom she desires, and that he consequently will have to look to her for payment of the usual professional fee for doing so.—I am, yours faithfully,

(Signed) W. E. HEMPSON.

Dr. Cox, Medical Secretary,
British Medical Association, 429, Strand, W.C.

EXPENSES OF ELECTION OF PANEL COMMITTEE.

It was decided to send a letter to the Insurance Commissioners protesting against the proposition that the expenses of carrying out the election of Panel Committees as outlined in the model schemes issued by the Commissioners, should be borne by the practitioners concerned.

THE BRITISH MEDICAL ASSOCIATION AND CONFERENCE OF LOCAL MEDICAL AND PANEL COMMITTEES.

Proposals from the Provisional Committee of the Local Medical and Panel Committees on the relationship of the proposed federation with the British Medical Association were considered, and Mr. D. F. Todd, the Chairman of the Provisional Committee of the Conference, undertook to report to it at an early date the views of the Insurance Act Committee. At a meeting of the Committee, held on Tuesday, June 9th, specially to consider the reply of the Provisional Committee, a report on the matter was drawn up for presentation to the Council on June 24th.

BUDGET PROPOSALS.

Dr. FOTHERGILL suggested that the Committee should consider various proposals referring to insurance matters made in the Budget speech of the Chancellor of the Exchequer on May 4th, 1914. Mr. D. F. TODD, Chairman of the Future Developments of the Insurance Acts Committee, reported that the points in the speech in question had already been considered by that Committee, and that a report on the subject had been prepared for publication and issue to the Divisions. The Insurance Act Committee accordingly decided to postpone further consideration of the matter pending the publication of the report, which will be found at p. 433.

ISLINGTON TUBERCULOSIS SCHEME.

Dr. BEATON drew attention as a matter of urgency to the proposals of the Islington Borough Council as regards the treatment of tuberculosis, and the relation of such proposals to the existing tuberculosis dispensary in the borough at present staffed by local general practitioners. The Committee resolved to address a communication to the Town Clerk of Islington, (1) drawing attention to the fact that the practitioners' tuberculosis dispensary had been in successful operation for nearly two years, (2) pointing out the absence in the Borough Council's proposals of any recognition of it, and (3) urging that the interests of the public health demanded that the interest of the general practitioner in the prevention and treatment of tuberculosis should be encouraged.

COMPENSATION CASE.

An application from a practitioner for compensation from the Central Insurance Fund was considered, but the Committee found itself unable to make a grant.

INSURANCE NOTES.

ELECTION OF MEDICAL MEMBERS OF INSURANCE COMMITTEES.

THE Insurance Commission, England, has issued regulations providing for the election of two representatives to each Insurance Committee by the registered medical practitioners resident in each area on June 1st, 1914. The Commissioners give notice by advertisement in our columns that any practitioner who does not by June 16th receive notice from the Commissioners that his name has been included in the list for his area, may make application to the Secretary of the Insurance Commission, 29, Queen Anne's Gate, London, S.W., before Saturday, June 20th, to have his name included in the list for the area in which he resides. The regulations do not apply to Carlisle and Southend-on-Sea.

DEPOSIT CONTRIBUTORS: MATERNITY BENEFIT.

The Scottish Insurance Commissioners have issued amended model rules for deposit contributors in accordance with the National Insurance Act, 1913. The chief amendment refers to maternity benefit, with regard to which new rules are issued. The benefit will be administered in the interests of the mother and child in cash or otherwise at the discretion of the Committee, or any part

thereof may be paid direct to the doctor or midwife attending the confinement. Notice of confinement must be given within seven days, and if required must be accompanied by a certificate signed by the doctor or midwife, or by some other sufficient evidence of the confinement. Confinement means labour resulting in the issue of a living child or labour after twenty-eight weeks of pregnancy resulting in the issue of a child whether alive or dead.

IRISH DOCTORS AND INSURANCE.

A MASS meeting of the members of the Irish medical profession was held on Tuesday evening, June 2nd, in the Mansion House, Dublin, to consider the position of the profession in regard to the administration of the Insurance Act. Mr. R. D. PUREFOY, President of the Royal College of Surgeons, Ireland, presided, and there was a large attendance.

The CHAIRMAN said there were, he thought, two great difficulties to be overcome before the objects of the resolutions to be submitted to the meeting could be secured. One difficulty was the want of unity amongst themselves; he hoped that they would succeed better in the future than in the past in that respect. Another difficulty was that a considerable number of their fellow countrymen and women thought that they were just as well qualified to sign certificates as were any members of the profession. The meeting was called not for the purpose of opposing the law, but of carrying it out, and assisting the working of the Act to the best interests of those concerned—the insured persons and the members of the medical profession.

The SECRETARY of the Irish Medical Committee read a statement in which was traced at length the history of the negotiations of the Irish Medical Committee with the National Insurance Commissioners with reference to a scheme by which the increased grant of 2s. 6d. per insured person for certification, as promised by the Chancellor of the Exchequer, might be secured. The negotiations began on August 19th, 1913, and had not yet been productive of any result. The statement concluded as follows: "In the interests of peace, as well as for the sake of the sick insured persons, their patients, the Irish medical profession is sincerely anxious to co-operate in bringing about an amicable settlement of this dispute which will be satisfactory to all parties concerned and which will be conducive to the smooth working of the Insurance Act in this country. The offers contained in the schemes submitted to the Commission on December 23rd still stand, and the profession believes that these schemes contain the basis of an amicable settlement. The profession also believes that the conference arranged for in the month of March, under the presidency of the Chancellor of the Exchequer, and to which all the parties concerned had agreed to attend, would result in an amicable settlement, and they sincerely regret that this conference has not taken place. They are convinced that the successful working of the Insurance Act, and more especially the sanatorium benefit clauses of that Act, cannot be accomplished without that co-operation and support, which, according to the interim report of the Departmental Committee on Tuberculosis, is such an essential. In considering the position of the general medical practitioner, paragraph 28 of that report states:

"The Committee are of opinion that it is of primary importance to the lasting success of any scheme for dealing with tuberculosis that it should enlist the hearty co-operation and stimulate the interest of the general medical practitioners of the country. Their intimate personal relations with patients, and their influence in the homes of the people, are forces which should be actively enlisted in the campaign against the disease as aids to securing its early recognition and methodical treatment, as well as in promoting the effective after-care of cases of tuberculosis, and in encouraging these healthy habits of life which are so essential to building up the powers of resistance to the disease.

"In accomplishing this desirable end the Irish doctors are anxious and willing to take their part, and they still hope that they shall not be precluded from exercising their useful and necessary functions in safeguarding the health of the insured section of their fellow-countrymen."

The Right Hon. M. F. COX, M.D., proposed the following resolution:

That in the opinion of this mass meeting of the medical profession, the medical attendant of the insured is in the best position to form a just opinion of his fitness or unfitness to work.

This resolution was seconded by Sir ARTHUR CHANCE and Dr. J. B. STORY, President of the Irish Medical Association, and Dr. DARLING (Lurgan) spoke in its support. It was unanimously adopted.

Dr. J. S. MCARDLE, F.R.C.S.I., moved the following resolution:

That any system of obtaining evidence of fitness or unfitness to work which ignores the opinion of the medical attendant will result in injustice to the sick insured, and will prevent their obtaining the benefits to which they are legally entitled.

He read a letter sent by an approved society to one of its members who claimed benefit, directing the applicant to attend on a certain date for examination, "whether you have recovered from your illness or not." This patient had to drive sixteen miles for examination. During efforts towards a peaceful settlement, Dr. McArdle continued, he had had hundreds of cases of hardships to insured persons related to him, and were it not that the people were so good to each other, he felt that the Insurance Act would be the greatest curse to the poor since the famine scourge.

The following resolution was also adopted:

That it is essential for the successful working of the sanatorium benefit of the National Insurance Act that the services of the general practitioner should be employed, both for the reporting of cases of tuberculosis and for carrying out domiciliary treatment.

CORRESPONDENCE.

LONDON SCHOOL TREATMENT CENTRES AND THE REPORT OF THE COUNCIL OF THE BRITISH MEDICAL ASSOCIATION.

DR. B. G. MORISON (Honorary Secretary to the London School Treatment Centres Committee) writes: Early in June of last year steps were taken at a conference of representatives of the London School Treatment Centres, for the formation of a joint committee with a view to promoting their intercourse and their common interests. A meeting of this Committee was held on Friday last (June 5th). Among the subjects discussed was Appendix V to the Report of Council (SUPPLEMENT, May 2nd). It was the unanimous opinion of those present that certain proposals contained in that Appendix are incompatible with existing methods of working which have been carefully selected by the London centres, and with arrangements entered into by them with the London County Council which have proved generally satisfactory. The suggested disturbance of the present system of election and service in rotation among local practitioners is particularly objected to. The Committee consequently finds itself opposed to the introduction in the metropolitan area of the alternative arrangements mentioned in the Appendix, and I am requested to forward this statement of its views for insertion in the BRITISH MEDICAL JOURNAL. As there appears to be some uncertainty as to whether the proposals referred to are really intended to apply to London, I am further requested to state that a definite assurance to the contrary on the part of the Council would be welcomed by my Committee.

*** There was no intention of disturbing any arrangements at present working to the satisfaction of the profession in London. If it is thought that the memorandum of the Council suggests such a disturbance, the question should be raised at the Annual Representative Meeting.

LOCAL MEDICAL AND PANEL COMMITTEES.

Dr. H. B. PALMER (Honorary Secretary, Panel Committee, Plymouth) writes: In the early days of the Insurance Act movement fears were expressed that we might gradually lose our freedom of action, and many were opposed to accepting service by reason of vague and undefined forebodings. Conciliatory letters have passed to our multiple organizations from the Commission until we have been lulled into a sense of false security. I have been an out-and-out supporter of the Insurance Act, but never have I let my mind be so obsessed as not to see that there were dangers and shoals ahead, but which if carefully surmounted as they arose need never become serious. Early communications from the Commission were couched

in the permissive "may," but are now, and appear to be more likely to be controlled in the future by the imperative "shall," and it is time we asserted our rights wherever assailed. Objection should at once be raised to the quiet assumption of control over the Local Medical and Panel Committees. The regulations are perfectly equitable, and might reasonably be respected were the Commissioners the paymasters; but we are absolute fools to run these bodies and pay the expenses solely in the interest of the Insurance Committees. Far better would it be to run them in our own interests and seek nothing of the Commissioners. The Local Medical and Panel Committees should seek nothing of the Commission, should pay their own expenses, and hold a watching brief on the part of the profession. The Council of the Association should rise to the occasion, forbid the participation in the proposed election of Local Medical Committees and Panel Committees, and arrange for the establishment of non-statutory Local Medical Committees with subcommittees of panel men. Will the Council rise to the occasion? To do so would give the Association the power to bind the present fragmentary organizations into a homogeneous whole and make for unity and strength.

INSURANCE ACT IN PARLIAMENT.

SANATORIUM BENEFIT.

MR. GODFREY LOCKER-LAMPSON asked the President of the Local Government Board whether, in a circular of April, 1913, certain figures were given to county councils on the subject of grants to be made by the Board to councils for the purpose of erecting sanatoriums; whether certain councils based their calculations on that circular; whether the Board had recently written stating that it must not be held as committing itself to a grant, on the ground that it would be impossible to make grants at the rates referred to in the circular; and whether he proposed to take any action in the matter.—Mr. Herbert Samuel, in reply, said that no circular was issued on this subject in April, 1913. The Local Government Board explained the basis on which grants were proposed to be made towards the cost of new sanatoriums in a circular issued on May 14th, 1912, and in a further circular of February 25th, 1913, they indicated that other considerations besides the population of the area would have to be taken into account in distributing the capital grant. He understood that some misconception had arisen in certain counties as to the amount of capital grant which was available in aid of the provision of hospital beds for the treatment of tuberculosis, but the maintenance grant of one-half the net cost of all schemes of treatment approved by the Board would make the total grants towards the cost of providing both sanatoriums and hospitals for treating tuberculosis considerably larger than was contemplated in the circular of May 14th, 1912.

Naval and Military Appointments.

ROYAL NAVY MEDICAL SERVICE.

THE following notifications are announced by the Admiralty: Fleet Surgeon PERCY H. BOYDEN, M.D., to the *Collingwood*, additional, July 1st. Fleet Surgeon HENRY W. FINLAYSON, to the *Marlborough*, and for general staff duties, June 23rd. Fleet Surgeon PERCY E. MAITLAND to the *King Edward VII*, and for general staff duties, vice Finlayson, June 23rd. Fleet Surgeon WALTER J. BEARBLOCK, to the Portsmouth Dockyard, vice Maitland, June 23rd. Fleet Surgeon WILLIAM B. MACLEOD, to the *Bellerophon*, vice Bearblock, June 23rd. Fleet Surgeon JONATHAN SHAND, to the *Victory*, additional for Portland Hospital, vice Thorpe, July 1st. Fleet Surgeon EDWARD C. WARD, to the *Cornwallis* on becoming parent ship, June 1st. Fleet Surgeons HENRY F. ILIEWICZ, M.B., and GEORGE R. MACMAHON, M.B., have been placed on the retired list at their own request, June 1st and May 25th respectively. Fleet Surgeon HUGH CLIFT, to the *Hercules*, June 4th. Staff Surgeon EDGAR S. WILKINSON, to the *Marlborough*, June 23rd. Staff Surgeon JAMES A. THOMPSON, M.B., to the *Wildfire*, additional, June 6th. Staff Surgeon RICHARD WILLAN, to the *Vivid*, additional, June 21st. Staff Surgeon CHARLES T. BAXTER, to the *Attentive*, temporary, June 4th. Surgeon JOHN S. ELLIOTT, M.B., to the *King Edward VII*, vice Wilkinson, June 23rd. Surgeon WILLIAM MILLER, M.B., to the *Victory*, additional for disposal, June 5th. Surgeon ALEXANDER SIMPSON, M.B., to the *Victory*, additional for disposal, June 6th. Surgeon ADRIAN C. PATERSON, to the *Fisgard*, vice Simpson, June 6th. Surgeon DAVID H. C. GIVEN, M.B., to the *Vivid*, additional, to be lent to Plymouth Hospital to learn duties as Instructor of Sick Berth Staff, June 7th, and as Instructor to Sick Berth Staff, vice Willan, June 23rd. Surgeon FREDERICK W. QUIRK, to the *Vivid*, additional for disposal, June 14th. Surgeon HARRY M. LANGDALE, to the *President*, additional, June 15th, and to the *Victory*, additional, July 20th, and for Haslar Hospital as Anaesthetist and Radiographer, vice Smith-Shand, August 10th. Surgeon WILLIAM BRADBURY, M.B., to the *Pembroke*, additional for disposal, on expiration of foreign service leave. Surgeons GEORGE M. LEVICK, ARTHUR T. RIVERS, and HUGH F. BRIGGS, to the *Victory*, additional for disposal, July 1st. Surgeon MICHAEL P. FITZGERALD, to the *Vivid*, additional for disposal, July 1st. Surgeon ALGERNON E. P. CHEESMAN, to the Royal Marine Division, Chatham, vice Edgar, June 6th. Surgeon FRANK L. SMITH, to Pembroke Dockyard, vice Thompson, June 6th. Surgeon MATTHEW F. CALDWELL, M.B., to the *Indus*, vice Given, June 6th. Surgeon ERNEST C. HOLTON, to the *Excellent*, vice Tonkinson, June 14th. Surgeon ALBERT J. TONKINSON, to the *Victory*, additional for disposal, June 14th. Surgeon JAMES S. ORWIN, M.B., to the *Vivid*, additional for disposal, July 1st. Surgeon WILLIAM H. EDGAR, M.D., to the *Pembroke*, additional, June 6th, and to the *Superb*, vice Chilcott, July 5th. CHILCOTT WILLIAM W. D. CHILCOTT, to the *Cormorant*, additional for Gibraltar Hospital and Yard, vice Davidson, July 5th.

SPECIAL RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

CADET WILLIAM MCM. CHESNEY, from the Belfast Contingent, Officers' Training Corps, to be Lieutenant on probation, April 30th.

The following have been appointed Lieutenants on probation: Cadet Lance-Corporal JAMES MELVIN, Cadet WILLIAM WALKER, Cadet DAVID MURDOCH MARR, Cadet Lance-Corporal FOSTER H. B. NORRIE, Cadet ROBERT S. CUMMING, Cadet JOHN G. M. FIRTH, Cadet ROBERT B. MYLES, Cadet Sergeant JOHN F. W. SANDISON, and Cadet ROBERT D. LAWRENCE, from the Aberdeen University Contingent, Officers' Training Corps. Cadet Corporal JOHN MCC. ORME, from the Edinburgh University Contingent, Officers' Training Corps. JOHN A. O'DRISCOLL, late Cadet Lance-Corporal, Royal College of Surgeons in Ireland Contingent, Officers' Training Corps. IVAN M. PIRRIE, M.B., late Cadet Colour-Sergeant, Durham University Contingent, Officers' Training Corps. Cadet EDGAR S. ROWBOTHAM, from the London University Contingent, Officers' Training Corps.

ARMY MEDICAL RESERVE.

The date of the removal of Lieutenant A. S. MILLARD is February 1st, 1914, and not as stated in the *Gazette* of May 5th.

ARMY MEDICAL SERVICE.

ROYAL ARMY MEDICAL CORPS.

CAPTAIN J. A. TURNBULL is appointed to the medical charge of the Gun-Carriage Factory, Jubbulpore.

Captain D. P. WATSON has been posted to the Military Hospital, Curragh, as Specialist in Bacteriology.

INDIAN MEDICAL SERVICE.

MAJOR H. CROSSLE, on return from leave, is posted as Civil Surgeon, Hazara, with effect from April 13th.

Captain F. E. WILSON, on return from leave, is posted as Civil Surgeon, Sibi, with effect from April 20th.

Lieutenant-Colonel H. W. PILGRIM, M.B., F.R.C.S., has been permitted to retire from the service, with effect from May 11th.

Captain F. C. ROGERS is appointed to officiate as Civil Surgeon, Coorg, during the absence on leave of Lieutenant-Colonel J. L. Macrae, M.B.

Lieutenant-Colonel J. L. MACRAE, M.B., Civil Surgeon, Coorg, is granted privilege leave for three months, with furlough for one year in continuation, with effect from July 7th.

Lieutenant-Colonel T. W. IRVINE is appointed to officiate as an Agency Surgeon of the First Class and Chief Medical Officer, North-West Frontier Province, with effect from May 1st.

Captain H. B. DRAKE, Deputy Assay Master, Bombay, is granted privilege leave for three months, and in continuation furlough for fifteen months and six days, with effect from May 1st.

Captain F. A. F. BARNARDO, M.D., F.R.C.S.E., has been promoted to be Major, with effect from January 26th.

Captain R. B. SEWELL, Surgeon Naturalist, Marine Survey of India, is granted six months' special leave on urgent private affairs, with effect from May 9th.

Captain CHUCKERBUTTY has been transferred from Burma to civil employment in Assam.

TERRITORIAL FORCE.

ROYAL ARMY MEDICAL CORPS.

North Midland Mounted Brigade Field Ambulance.—Captain ARTHUR C. GOODWIN, M.B., F.R.C.S., to be Major, June 3rd.

Third South Midland Field Ambulance.—JOHN P. I. HARTY, M.B., to be Lieutenant, April 1st.

Attached to Units other than Medical Units.—Captain WILLIAM M. MACKAY, M.B., to be Major, March 26th. Lieutenant GEOFFREY S. HETT resigns his commission, June 3rd. JESSE ROBERT GARROOD, M.D., to be Lieutenant, February 27th.

Third East Anglian Field Ambulance.—Lieutenant WALTER R. S. ROBERTS to be Captain, May 1st.

Third North Midland Field Ambulance.—GUY F. HAYCRAFT to be Lieutenant (supernumerary), May 1st.

First Northumberland Field Ambulance.—Supernumerary Lieutenant JOSEPH W. CRAVEN, M.B., is absorbed into the establishment, April 1st; RONALD G. BADENOCK, M.B., late Cadet, Durham University Contingent, Senior Division, Officers' Training Corps, to be Lieutenant, April 28th.

First London (City of London) General Hospital.—Lieutenant-Colonel SAMUEL WEST, M.D., and Major J. A. ORMEROD, M.D., have resigned their commission, June 6th.

Fourth Northern General Hospital.—JOSEPH J. RAINFORTH, M.B., F.R.C.S., to be Captain, May 1st; Major GEORGE SHIPMAN resigns his commission, June 6th; Captain EDWARD C. CLEMENTS to be Major, June 6th.

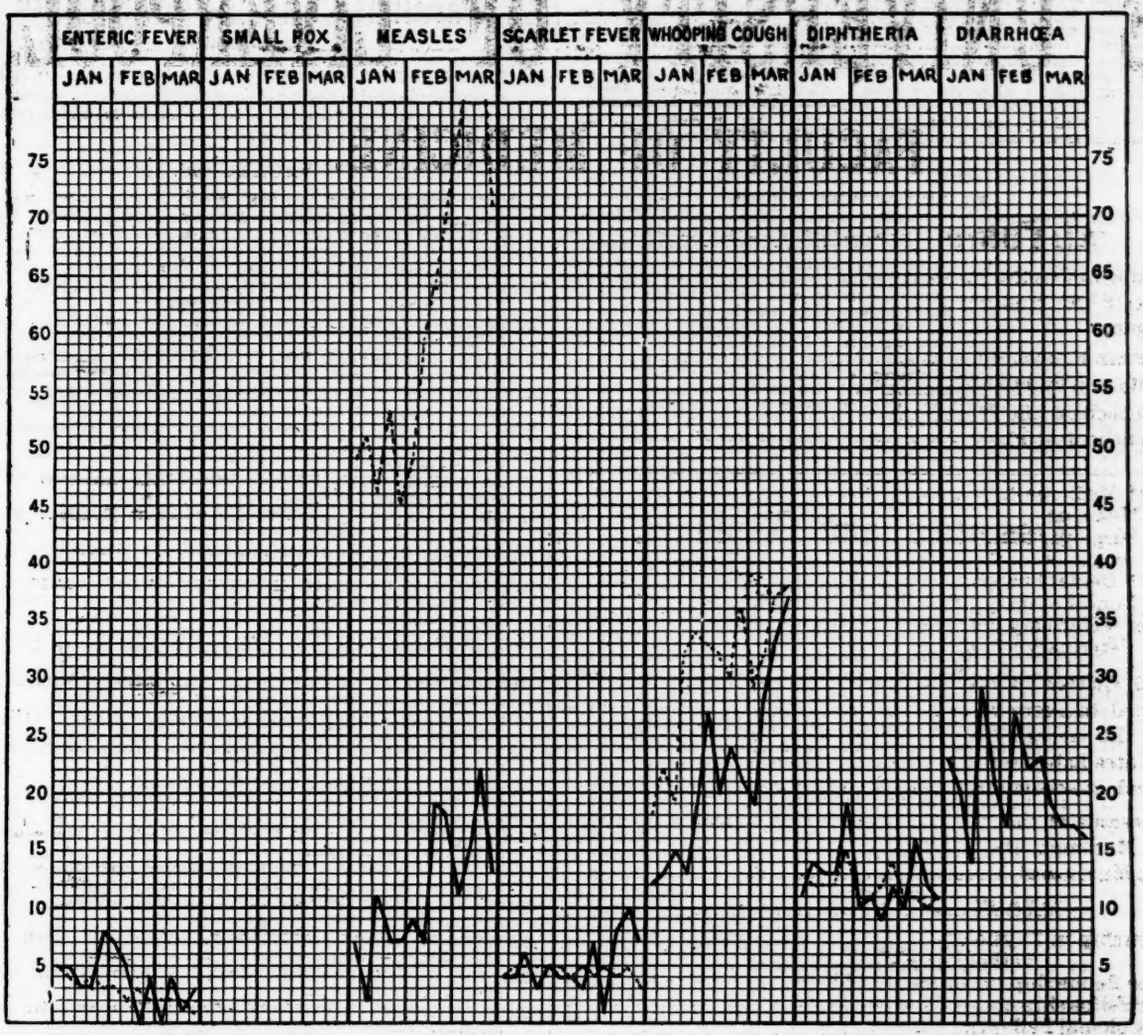
East Lancashire Clearing Hospital.—THOMAS B. WOLSTENHOLME, M.B., to be Lieutenant, April 8th.

Vital Statistics.

EPIDEMIC MORTALITY IN LONDON.

THE accompanying diagram shows the prevalence of the principal epidemic diseases during the first quarter of the year. The fluctuations of each disease and its relative fatality, compared with the average in the corresponding periods of recent years can thus be readily seen, except in the case of diarrhoea and enteritis among children under 2 years of age, for which the average mortality is not available.

DEATHS FROM EPIDEMIC DISEASES IN LONDON DURING THE FIRST QUARTER OF 1914.



NOTE.—The black lines show the *recorded* number of deaths from each disease during each week of the quarter. The dotted lines show the *average* number of deaths in the corresponding weeks of the five preceding years, 1909-13. Under the heading "Diarrhoea" are given the deaths from diarrhoea and enteritis among children under 2 years of age; the corrected average number of these deaths is not available.

Enteric Fever.—The fatal cases of enteric fever, which had been 20, 28, and 37 in the three preceding quarters, further rose last quarter to 47, and were 9 in excess of the corrected average number in the corresponding period of the five preceding years. This disease showed the highest proportional mortality last quarter in Fulham, Hampstead, Islington, Holborn, Finsbury, and Lewisham. The number of enteric fever patients under treatment in the Metropolitan Asylums Hospitals, which had been 35, 56, and 51 at the end of the three preceding quarters, had risen again to 66 at the end of last quarter; 147 new cases were admitted during the quarter, against 68, 113, and 148 in the three preceding quarters.

Small-pox.—No death from small-pox was registered last quarter, and no case of this disease was under treatment in the Metropolitan Asylums Hospitals at the end of the quarter.

Measles.—The deaths from measles, which had been 549, 124, and 52 in the three preceding quarters, rose again last quarter to 148, but was 657 below the average for the corresponding quarter in the five preceding years. This disease was proportionally most fatal last quarter in Holborn, Finsbury, Stepney, Bermondsey, Camberwell, Deptford, and Greenwich.

Scarlet Fever.—The fatal cases of scarlet fever, which had been 41, 46, and 49 in the three preceding quarters, further rose to 66 last quarter, and were 7 in excess of the corrected average number. Among the several metropolitan boroughs this disease was proportionally most fatal in Kensington, St. Pancras, Islington, Poplar, Southwark, Bermondsey, and Camberwell. The Metropolitan Asylums Hospitals contained 3,138 scarlet fever patients at the end of last quarter, against 1,579, 2,552, and 3,810 at the end of the three preceding quarters; 4,800 new cases were admitted during the quarter, against 2,573, 4,203, and 7,113 in the three preceding quarters.

Whooping-cough.—The deaths from whooping-cough, which had been 264, 120, and 116 in the three preceding quarters, rose again last quarter to 281, but were 111 below the corrected average number. The highest death-rates from this disease last quarter were recorded in Hampstead, St. Pancras, Hackney, Shoreditch, Bethnal Green, Poplar, and Southwark.

Diphtheria.—The fatal cases of diphtheria, which had been 107, 73, and 138 in the three preceding quarters, further rose last quarter to 161, and were 6 above the corrected average number. This disease was proportionally most fatal last quarter in Chelsea, Stoke Newington, Finsbury, Shoreditch, Bethnal Green, Southwark, and Woolwich. The number of diphtheria patients in the Metropolitan Asylums Hospitals, which had been 811, 909, and 1,099 at the end of the three preceding quarters, had further risen to 1,306 at the end of last quarter; the number of new cases admitted during the quarter was 2,068, against 1,341, 1,624, and 2,281 in the three preceding quarters.

Diarrhoea.—The 265 deaths under this heading are those attributed to diarrhoea and enteritis among children under 2 years of age; measured in proportion to the births registered during the quarter, the mortality from this cause was greatest in Kensington, Chelsea, St. Marylebone, Shoreditch, Bethnal Green, Poplar, and Wandsworth.

In conclusion, it may be stated that the aggregate mortality last quarter from these epidemic diseases, excluding diarrhoea, was 51.4 per cent. below the average.

HEALTH OF ENGLISH TOWNS.

IN ninety-seven of the largest English towns 7,430 births and 4,586 deaths were registered during the week ended Saturday, June 6th. The annual rate of mortality in these towns, which had been 14.1, 13.9, and 13.3 per 1,000 in the three preceding weeks, further fell to 13.2 per 1,000 in the week under notice. In London the death-rate was equal to 12.7, against 13.4, 12.7, and 11.8 per 1,000 in the three preceding weeks. Among the ninety-six other large towns the death-rate ranged from 3.7 in Eastbourne, 5.2 in Ilford, 5.9 in Hornsey, 6.8 in Enfield, 7.1 in East Ham, and 7.3 in Edmonton to 18.2 in Rochdale, 18.8 in Liverpool, 19.2 in Stoke-on-Trent, 19.7 in Carlisle, 19.9 in Lincoln, and 21.1 in Oldham. Measles caused a death-rate of 1.2 in Middlesbrough, 1.9 in Burnley and in Barnsley, 2.1 in Bootle, and 3.3 in Rochdale; scarlet fever of 1.0 in Oldham; and whooping-cough of 1.3 in Gateshead, 1.4 in Oldham and in South Shields, 1.7 in Exeter, and 1.9 in Barnsley. The mortality from diphtheria and enteric fever showed no marked excess in any of the large towns, and no fatal case of small-pox was registered during the week. The causes of 32, or 0.7 per cent., of the total deaths were not certified either by a registered medical practitioner or by a coroner after inquest; of this number 8 were recorded in Liverpool, 3 in Birmingham, 3 in Blackburn, 2 in Reading, and 2 in Sunderland. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital, which had been 2,862, 2,909, and 2,910 at the end of the three preceding weeks, had risen to 2,970 on Saturday, June 6th; 339 new cases were admitted during the week, against 349, 415, and 377 in the three preceding weeks.

HEALTH OF SCOTTISH TOWNS.

IN the sixteen largest Scottish towns 1,293 births and 702 deaths were registered during the week ended Saturday, June 6th. The annual rate of mortality in these towns, which had been 15.3, 16.1, and 15.6 per 1,000 in the three preceding weeks, rose to 16.0 in the week under

notice, and was 2.8 per 1,000 above the rate in the ninety-seven large English towns. Among the several towns the death-rate ranged from 9.4 in Falkirk, 10.1 in Motherwell, and 10.3 in Kilmarnock to 17.6 in Glasgow and in Clydebank, 19.0 in Leith, and 20.0 in Paisley. The mortality from the principal infective diseases averaged 1.4 per 1000, and was highest in Dundee and Clydebank. The 354 deaths from all causes in Glasgow included 11 from measles, 11 from whooping-cough, 8 from infantile diarrhoea, 2 from scarlet fever, and 1 from enteric fever. Six deaths from measles were recorded in Dundee; 3 deaths from diphtheria and 3 from infantile diarrhoea in Aberdeen; and 2 deaths from whooping-cough in Paisley and 2 in Clydebank.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, June 6th, 562 births and 385 deaths were registered in the twenty-seven principal urban districts of Ireland, as against 747 births and 412 deaths in the preceding period. These deaths represent a mortality of 16.7 per 1,000 of the aggregate population in the districts in question, as against 17.8 per 1,000 in the previous period. The mortality in these Irish areas was therefore 3.5 per 1,000 higher than the corresponding rate in the ninety-seven English towns during the week ending on the same date. The birth-rate, on the other hand, was equal to 24.3 per 1,000 of population. As for mortality of individual localities, that in the Dublin registration area was 19.9 (as against an average of 20.2 for the previous four weeks), in Dublin city 21.5 (as against 21.8), in Belfast 16.6 (as against 16.8), in Cork 15.0 (as against 18.5), in Londonderry 14.0 (as against 12.7), in Limerick 17.6 (or the same as in the previous week), and in Waterford 19.0 (as against 18.5). The zymotic death-rate was 1.6, as against 2.1 in the previous week.

Hospitals and Asylums.

CIRCULAR WARDS.

A RECENT issue of the *Burnley Express* contains a long letter from Dr. John Brown, formerly of Burnley, but now resident in Cape Colony, relative to the proposed extension of the Victoria Hospital, Burnley. He had a great deal to do with the foundation of this hospital in the early eighties, and with the plans adopted in its construction, and is anxious that the further accommodation now required should be provided by adding stories to the circular wards of which the hospital at present consists. In the course of his letter he enters very fully into the advantages that such wards present, and illustrates them by reference to the Burnley wards. Bed for bed circular wards are cheaper to build than wards of ordinary shape; they are brighter in appearance, and it is relatively easy to keep the air in them sweet and pure. There is economy in building costs, because a circular form encloses a larger space than any other form, and the whole of the wall space can be utilized for the placing of bed heads. The Burnley wards, for instance, are approximately 60 ft. in diameter and 200 ft. in circumference, and contain 20 beds, each 10 ft. distant at the head from its neighbour. If the same length of wall were disposed in the form of a ward measuring 25 ft. in breadth and 75 ft. in width, such ward would accommodate only 14 beds, each with a wall space of 10 ft., and the proportion of the floor space to beds would be smaller than in the case of the circular ward. The wards are brighter, because so long as the sun is shining its rays will enter the wards through one or other of its windows. It is easier to keep the wards sweet, because whatever the position of the wind it will sweep along two sides instead of one. A further advantage is that there are no corners in circular wards, and it is easier to keep the walls free from recesses and traps for dust. Dr. Brown also appears to claim that it is easier to arrange for effective steam heating and artificial ventilation in a circular ward than in a straight-sided ward, but he does not enter into the question of how far preservation of all the advantages of circular ward building is consistent with the provision of the necessary annexes of a ward, or with the modern idea of ward units. Nor does he deal with the effect of shape on nursing labour. The Burnley wards were built in 1886.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST.

THE annual report of the City of London Hospital for Diseases of the Chest, Victoria Park, submitted to a meeting of the subscribers on March 5th stated that 163 of the institution's 175 beds had been daily occupied throughout the year, and that out-patient attendances to the number of 31,391 had been recorded. The attempts made to utilize the grounds of the hospital—which extend to four acres—for the treatment of patients in various ways were believed to have given valuable results. So far as was compatible with the retention of its special and voluntary characteristics, the hospital would associate itself with the proposed centralized measures for the treatment and prevention of tuberculosis. As to the immediate future, it was thought that the institution could best fulfil its functions by an extension of special departments, and with this object the committee had already taken in hand the erection of buildings suitable for special chest surgery and for modern methods of dealing with diseases of the heart. The new department would include improved arrangements for *x*-ray work. An extension of balcony accommodation and the provision of two new sanitary blocks were also in view. The expenditure anticipated was about £15,000, a sum which still remained to be collected.

Vacancies and Appointments.

WARNING NOTICE.—Attention is called to a Notice (see Index to Advertisements—Warning Notice) appearing in our advertisement columns, giving particulars of vacancies as to which inquiries should be made before application.

VACANCIES.

ASHTON-UNDER-LYNE UNION WORKHOUSE.—(1) Resident Medical Officer; (2) Resident Assistant Medical Officer. Salary for (1) £350, rising to £400 per annum, and for (2) £150 per annum.

BARNET: CLARE HALL SANATORIUM, South Mimms.—Assistant Resident Medical Officer. Salary, £120 per annum.

BARROW-IN-FURNESS: NORTH LONSDALE HOSPITAL.—Male House-Surgeon. Salary, £150 per annum.

BEDFORD COUNTY HOSPITAL.—Assistant House-Surgeon. Salary, £80 per annum.

BELGRAVE HOSPITAL FOR CHILDREN, Clapham Road, S.W.—House-Surgeon (male). Salary at the rate of £75 per annum.

BIRKENHEAD BOROUGH HOSPITAL.—Senior House-Surgeon (male). Salary, £120 per annum.

BIRMINGHAM CITY.—Resident Medical Officer at the Salterley Grange Sanatorium for Consumptives, near Cheltenham. Salary, £300 per annum.

BIRMINGHAM: CITY FEVER HOSPITAL.—Assistant Medical Officer. Salary, £200 per annum.

BIRMINGHAM CITY HOSPITAL.—Assistant Resident Medical Officer. Salary, £200 per annum.

BIRMINGHAM GENERAL DISPENSARY.—Resident Medical Officer. Salary, £240 per annum

BIRMINGHAM GENERAL HOSPITAL.—(1) Assistant Physician; (2) House-Physician; (3) Resident Pathologist; (4) Obstetric House-Surgeon; (5) House-Surgeon; (6) Resident Medical and Surgical Officer at the Jaffray Branch. Salary for (1—4) at the rate of £50 per annum, for (5) £40 rising to £50, and for (6) £150 per annum.

BIRMINGHAM AND MIDLAND EAR AND THROAT HOSPITAL.—House-Surgeon. Salary at the rate of £100 per annum.

BIRMINGHAM AND MIDLAND HOSPITAL FOR SKIN AND URINARY DISEASES.—(1) Clinical Assistant. (2) Clinical Assistant to Electrical Department. Honorarium, 52 guineas per annum each.

BIRMINGHAM UNION.—Second and Fourth Assistant Medical Officers at the Dudley Road Infirmary.—Salary, £160 and £140 per annum respectively.

BOLTON INFIRMARY AND DISPENSARY.—Third House-Surgeon. Salary, £110 per annum.

BOOTLE: BOROUGH HOSPITAL.—Senior and Junior House-Surgeons. Salary, £120 and £100 per annum respectively.

BRADFORD ROYAL INFIRMARY.—Male House-Surgeon. Salary, £100 per annum.

BRIGHTON: ROYAL ALEXANDRA HOSPITAL FOR SICK CHILDREN.—House-Surgeon. Salary, £100 per annum.

BRISTOL EDUCATION COMMITTEE.—School Medical Officer. Salary, £500 per annum.

BRISTOL ROYAL INFIRMARY.—Throat, Nose, and Ear House-Surgeon. Salary at the rate of £100 per annum.

BURNLEY: VICTORIA HOSPITAL.—House-Surgeon. Salary, £135 per annum.

BURY INFIRMARY.—Junior House-Surgeon. Salary, £150 per annum.

BURY ST. EDMUNDS: WEST SUFFOLK GENERAL HOSPITAL.—Resident Medical Officer. Salary, £120 per annum.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—(1) House-Surgeon; (2) Junior House-Surgeon. Salary, £100 and £90 per annum respectively. (3) Honorary Surgeon.

CARDIFF: KING EDWARD VII HOSPITAL.—(1) House-Surgeon for the Ophthalmic and Ear, Nose, and Throat Departments; (2) Two House-Surgeons. Salary for (1) £100 per annum, and for (2) £60 per annum each.

CHELSEA HOSPITAL FOR WOMEN.—Anaesthetist. Honorarium, £21 per annum.

CHESTERFIELD AND NORTH DERBYSHIRE HOSPITAL.—Junior House-Surgeon. Salary, £90 per annum.

CHORLEY: RAWCLIFFE HOSPITAL.—House-Surgeon (male). Salary, £100 per annum.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE CHEST, Victoria Park, E.—(1) House-Physician (male); salary, £75 per annum. (2) Clinical Assistant.

CLAPHAM MATERNITY HOSPITAL.—Assistant Medical Women. Salary, £50 per annum.

CUMBERLAND COUNTY COUNCIL.—Three Assistant County Medical Officers. Salary, £350 per annum, rising to £400.

DERBYSHIRE ROYAL INFIRMARY.—(1) House-Physician; (2) Assistant House-Surgeon. Salary, £120 and £80 per annum respectively.

DEVONPORT: ROYAL ALBERT HOSPITAL.—House-Surgeon. Salary at the rate of £150 per annum.

DUMFRIES SECONDARY EDUCATION COMMITTEE.—Dentist. Salary, £250 per annum, rising to £300.

DUNDEE ROYAL INFIRMARY.—(1) House-Surgeon; (2) Outdoor Maternity Assistant. Salary at the rate of £40 per annum each.

EVELINA HOSPITAL FOR SICK CHILDREN, Southwark, S.E.—(1) Surgeon to Out-patients; (2) House-Physician. Salary at the rate of £75 per annum. (3) Clinical Assistants.

GREAT NORTHERN CENTRAL HOSPITAL, Holloway Road, N.—(1) Surgeon (out-patient). (2) Anaesthetist. Honorarium, 10 guineas per annum.

HALIFAX: ROYAL HALIFAX INFIRMARY.—Second and Third House-Surgeons (males). Salary, £120 and £100 per annum, respectively.

HAMMERSMITH BOROUGH COUNCIL.—Medical Officer of Health. Salary, £600 per annum, rising to £750.

HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL.—Physician to Out-patients.

HERTFORD COUNTY HOSPITAL.—Resident House-Surgeon. Salary, £100 per annum.

HOLBORN UNION.—(1) Second Assistant Medical Officer at the Infirmary, Archway Road, N.; (2) Temporary Assistant Medical Officer at the Infirmary, Cleveland Street, W. Salary at the rate of £150 and £180 per annum respectively.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—(1) House-Physician; (2) House-Surgeon. Salary, £30 each for six months and £2 10s. washing allowance.

HULL ROYAL INFIRMARY.—Casualty House-Surgeon. Salary at the rate of £80 per annum.

KENT COUNTY ASYLUM, Maidstone.—Fourth Assistant Medical Officer (male). Salary, £250 per annum.

KIDDERMINSTER INFIRMARY AND CHILDREN'S HOSPITAL.—House-Surgeon. Salary, £100 per annum.

KING EDWARD VII SANATORIUM, Midhurst.—Second Assistant Medical Officer. Salary, £150 per annum, rising to £200.

KING'S LYNN: WEST NORFOLK AND KING'S LYNN HOSPITAL.—House-Surgeon. Salary, £150 per annum.

LAHORE MUNICIPAL COMMITTEE.—Health Officer. Salary, Rs. 750 a month (£600 a year).

LEEDS GENERAL INFIRMARY.—Resident Ophthalmic Officer. Salary, £100 per annum.

LEICESTER ROYAL INFIRMARY.—House-Physician. Salary at the rate of £100 per annum.

LONDON COUNTY EPILEPTIC COLONY, Epsom.—Assistant Medical Officer. Salary, £290 per annum, rising to £330.

MACCLESFIELD GENERAL INFIRMARY.—House-Surgeon. Salary, £150 per annum.

MANCHESTER: ANCOATS HOSPITAL.—Assistant House-Surgeon. Salary, £70 per annum.

MANCHESTER: HULME DISPENSARY.—House-Surgeon. Salary, £180 per annum, increasing to £200.

MANCHESTER NORTHERN HOSPITAL FOR WOMEN AND CHILDREN.—House-Surgeon.

MANCHESTER ROYAL INFIRMARY.—(1) Medical Officer for Out-patients and Accidents; (2) Assistant Director in the Clinical Laboratory; (3) Surgical Registrar. Salary for (1) and (2) £100 per annum, and for (3) £75 per annum.

MANCHESTER: ST. MARY'S HOSPITALS FOR WOMEN AND CHILDREN.—House-Surgeon. Honorarium at the rate of £50 per annum.

NEW HOSPITAL FOR WOMEN, Euston Road, N.W.—(1) Obstetric Assistant; (2) Resident Medical Officer at House of Recovery, New Barnet; (3) two Clinical Assistants to Out-patient Department; (4) Anaesthetist (females).

NEWCASTLE-UPON-TYNE: UNIVERSITY OF DURHAM COLLEGE OF MEDICINE.—Demonstrator of Anatomy. Salary, £200 per annum.

NORTHAMPTON COUNTY COUNCIL EDUCATION COMMITTEE.—Assistant School Medical Officer. Salary, £275 per annum, rising to £350.

NORTHAMPTON GENERAL HOSPITAL.—(1) Senior Resident Medical Officer; (2) two House-Surgeons. Salary for (1) £140, and for (2) £120 per annum.

NORWICH CITY.—Assistant School Medical Officer and Assistant Medical Officer of Health. Salary, £300 per annum, rising to £350.

NOTTINGHAM CITY GUARDIANS.—Resident Assistant Medical Officer at the Bagthorpe Institution and Infirmary. Salary at the rate of £165 per annum.

ORKNEY: PARISH OF SHAPANSEY.—Medical Officer and Public Vaccinator. Salary, £90 per annum.

PADDINGTON GREEN CHILDREN'S HOSPITAL, W.—House-Surgeon. Salary at the rate of £80 per annum.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—House-Physician. Salary at the rate of £90 per annum.

PRESTON: COUNTY ASYLUM, Whittingham.—(1) Junior Assistant Medical Officer; (2) Assistant Medical Officer to act as Pathologist. Salary, £250 per annum, rising to £300.

PUTNEY HOSPITAL, Putney Common, S.W.—Resident Medical Officer. Salary, £100 per annum.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.—(1) House-Physician; (2) House-Surgeon. Salary at the rate of £80 per annum each.

ROCHDALE INFIRMARY AND DISPENSARY.—Junior House-Surgeon (male). Salary, £110 per annum.

ROTHERHAM HOSPITAL.—Senior and Junior House-Surgeons. Salary, £200 and £100 per annum respectively.

ROYAL EYE HOSPITAL, Southwark, S.E.—Junior House-Surgeon. Salary at the rate of £50 per annum.

ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.—Resident Medical Officer. Salary, £120 per annum.

ROYAL INSTITUTE OF PUBLIC HEALTH, Russell Square, W.C.—(1) Director of the Laboratories of State Medicine; (2) Demonstrator in the Bacteriological Laboratories. Salary, £400 and £200 per annum respectively.

ROYAL WESTMINSTER OPHTHALMIC HOSPITAL, King William Street, W.C.—Physician.

ST. MARY'S HOSPITAL, Paddington, W.—Obstetric Surgeon in charge of out-patients.

SALFORD UNION INFIRMARY.—(1) Male Senior Assistant Medical Officer; (2) Male Resident Assistant Medical Officer. Salary, £200 and £150 per annum respectively.

SALOP INFIRMARY.—House-Physician. Salary at the rate of £110 per annum.

SEAMEN'S HOSPITAL SOCIETY.—Assistant Surgeon at the Dreadnought Hospital.

SHEFFIELD: ROYAL INFIRMARY.—(1) House-Surgeon; (2) Ophthalmic House-Surgeon (males). Salary, £100 per annum each.

SHEFFIELD UNION HOSPITAL.—Resident Assistant Medical Officer. Salary, £180 per annum.

SHREWSBURY: COUNTY ASYLUM.—Second Assistant Medical Officer (male). Salary, £200 per annum, rising to £230.

STAFFORD: STAFFORDSHIRE GENERAL INFIRMARY.—House-Physician. Salary, £100 per annum.

STOCKPORT INFIRMARY.—Junior House-Surgeon (male). Salary, £100 per annum.

STOKE-ON-TRENT: NORTH STAFFORDSHIRE INFIRMARY.—(1) House-Physician; (2) Casualty and Out-patient Officer (males). Salary at the rate of £120 per annum each.

SUNDERLAND: ROYAL INFIRMARY.—Junior House-Surgeon (male). Salary, £100 per annum.

SWANSEA GENERAL AND EYE HOSPITAL.—Two House-Surgeons. Salary, £125 per annum.

WAKEFIELD: CLAYTON HOSPITAL.—House-Surgeon. Salary, at the rate of £150 per annum.

WAKEFIELD: WEST RIDING ASYLUM.—(1) Assistant Medical Officer; (2) Locumtenent Assistant Medical Officer (males). Salary for (1) £200 per annum, rising to £230, and upon promotion to £340.

WALSALL AND DISTRICT HOSPITAL.—Assistant House-Surgeon. Salary, £110 per annum.

WANDSWORTH UNION INFIRMARY, S.W.—Male Senior Assistant Medical Officer. Salary at the rate of £150 per annum.

WESTMINSTER HOSPITAL, S.W.—(1) Assistant House-Physician; (2) Assistant House-Surgeon.

WESTMINSTER UNION INFIRMARY.—Third Assistant Medical Officer. Salary, £140 per annum, rising to £160.

WEST BROMWICH AND DISTRICT HOSPITAL.—Assistant Resident House-Surgeon and Anaesthetist. Salary, £100 per annum.

WEST HAM AND EASTERN GENERAL HOSPITAL, Stratford.—(1) Junior House-Physician. (2) Junior House-Surgeon. Salary at the rate of £75 per annum.

WEST LONDON HOSPITAL, Hammersmith Road, W.—(1) House-Physician; (2) Resident Casualty Officer.

WEST RIDING ASYLUM, Scalebor Park.—Assistant Medical Officer. Salary, £250 per annum.

WEST SUSSEX COUNTY COUNCIL, Horsham.—Temporary Assistant Medical Officer under Mental Deficiency Act. Salary, £6 6s. a week.

WIGAN: ROYAL ALBERT EDWARD INFIRMARY AND DISPENSARY.—Senior House-Surgeon. Salary, £170 per annum.

WIMBLEDON BOROUGH.—Lady Assistant Medical Officer of Health. Salary, £300 per annum.

WOLVERHAMPTON AND MIDLAND COUNTIES EYE INFIRMARY.—House-Surgeon. Salary, £120 per annum.

YORK DISPENSARY.—Resident Medical Officer. Salary, £160 per annum.

CERTIFYING FACTORY SURGEONS.—The Chief Inspector of Factories announces the following vacant appointments: Cambuslang (Lanark); Langholm (Dumfries); Osmotherley (Yorks); Whalley (Lancs.).

MEDICAL REFEREE.—The Home Secretary has notified a vacancy as Medical Referee under the Workmen's Compensation Act, 1906, for the Kirkcaldy District of the Sheriffdom of Fife and Kinross. Applications to the Private Secretary, Scottish Office.

To ensure notice in this column—which is compiled from our advertisement columns, where full particulars will be found—it is necessary that advertisements should be received not later than the first post on Wednesday morning. Persons interested should refer also to the Index to Advertisements which follows the Table of Contents in the JOURNAL.

APPOINTMENTS.

BLACKMORE, F. J. C., M.R.C.S.Eng., L.R.C.P.Lond., Chief Medical Officer to the Tuberculosis Dispensary, Woolwich.

BRAMWELL, Hugh Ransom, M.B.Edin., M.R.C.S., Chief Clinical Assistant in the *X*-ray Department, West London Hospital.

COX, Wm. J., M.B., Ch.B.Vict., D.P.H.Manch., Medical Superintendent at the National Sanatorium, Benenden, Kent.

DOUGAL, Daniel, M.D., Pathologist to St. Mary's Hospital, Manchester.

EVATT, J. M., M.R.C.S., L.R.C.P., House-Surgeon to University College Hospital, London.

GILHESPY, F. B., M.R.C.S., L.R.C.P., House-Physician to University College Hospital, London.

HADLEY, Ernest C., M.D., B.S.Lond., F.R.C.S.E., Medical Superintendent to the North Evington Poor Law Infirmary and Medical Officer to the Workhouse and Children's Receiving Home, Leicester.

HERBERT, John F., M.B., B.Ch.I., Assistant House-Surgeon to the North Ormesby Hospital, Middlesbrough.

HUGHES, H. O., L.R.C.P., L.R.C.S.Edin., Medical Officer of Health for Abergele and Pensarn, Denbighshire.

LEIGH, J. Dickinson, M.D., F.R.C.S.E., D.P.H., Assistant Tuberculosis Officer for the County of Durham.

ORAM, Walter Charles, M.D., B.Ch., B.A.O., D.S.M., B.A., Honorary Radiographer to the Southport Infirmary, Southport.

PRENTICE, H. Ridley, M.B., B.S.Lond., M.R.C.P.Lond., Physician to Out-patients at the West End Hospital for Diseases of the Nervous System.

STACEY, W. Wrigley, M.B., Ch.B.Vict., D.P.H.Manch., Assistant Medical Officer at the National Sanatorium, Benenden, Kent.

MANCHESTER ROYAL INFIRMARY.—The following appointments have been made:

House-Physicians.—W. R. Blore, M.B., Ch.B.; G. W. Wood, M.B., Ch.B.; G. B. Jameson, M.R.C.S., L.R.C.P.

Senior House-Surgeons.—C. H. Crawshaw, B.A., M.B., Ch.B., M.R.C.S., L.R.C.P.; H. F. Hutchinson, M.B., Ch.B., M.R.C.S., L.R.C.P.

Junior House-Surgeon.—F. A. Bearn, M.B., Ch.B.

House-Surgeon to Special Departments.—F. C. Beutz, M.B. Ch.B.

Medical Registrar.—T. H. Oliver, M.A., B.C., M.B., Ch.B.

DIARY FOR THE WEEK.

MONDAY.

UNITED SERVICES MEDICAL SOCIETY, Royal Army Medical College, Grosvenor Road, S.W., 4 p.m.—Annual General Meeting.

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL, 5 p.m.—Sydney Ringer Memorial Lecture, by Dr. T. R. Elliott, F.R.S.: The Adrenal Glands.

TUESDAY.

LONDON DERMATOLOGICAL SOCIETY, St. John's Hospital, 49, Leicester Square, W.C., 4.30 p.m.—(1) Annual business meeting. (2) Cases and Specimens. Cases will be shown by Drs. Dockrell, Bunch, Sibley, Griffith, Phibbs, and Gooding. (3) Paper:—Mr. C. H. Mills: Some Points in the Treatment of Syphilis.

THURSDAY.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W., 9 p.m.—Dr. Sandwith: The Third Lettsomian Lecture on Dysentery.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, S.W., 5 p.m.—First Croonian Lecture, by Dr. E. Goodall: Modern Aspects of Certain Problems in the Pathology of Mental Disorders.

ROYAL SOCIETY OF MEDICINE:
SECTION OF DERMATOLOGY, 4.30 p.m.—Demonstration of Cases and Specimens.

FRIDAY.

SOCIETY OF TROPICAL MEDICINE AND HYGIENE, 11, Chandos Street, Cavendish Square, W., 8.30 p.m.—Paper: Major S. P. James, I.M.S.: Mosquito Work in Ceylon.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY, Town Hall, Kensington, W., 8.15 p.m.—Cavendish Lecture, by Dr. F. W. Mott, F.R.S.: The Causes of Insanity.

POST-GRADUATE COURSES AND LECTURES.

Post-Graduate Courses and Lectures are to be given next week at the following schools, colleges, and hospitals:

DUBLIN: ROTUNDA HOSPITAL.
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.
HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.
LONDON HOSPITAL MEDICAL COLLEGE, Turner Street, E.
LONDON SCHOOL OF CLINICAL MEDICINE, Dreadnought Hospital, Greenwich, S.E.
LONDON SCHOOL OF TROPICAL MEDICINE, Royal Albert Dock.
MANCHESTER HOSPITALS: Post-Graduate Clinics.
MEDICAL GRADUATES' COLLEGE AND POLYCLINIC, Chenies Street, London, W.C.
NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, London, W.C.
NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.
ROYAL HOSPITAL FOR DISEASES OF THE CHEST, City Road, E.C.
WEST END HOSPITAL FOR DISEASES OF THE NERVOUS SYSTEM, Welbeck Street, W.
WEST LONDON POST-GRADUATE COLLEGE, Hammersmith, W.

[*Further particulars can be obtained on application to the Deans of the several institutions, or in some instances from our advertisement columns.*]

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcements of Births, Marriages, and Deaths is **5s.**, *which sum should be forwarded in Post Office Orders or Stamps with the notice not later than first post Wednesday morning in order to ensure insertion in the current issue.*

DEATH.

NOBLE.—On June 4th at Holywood Hall, Wolsingham, co. Durham, Joseph William Noble, M.D.Cantab., L.R.C.P., Medical Superintendent of the Durham County Sanatorium, Wolsingham, and late of Queen Alexandra Sanatorium, Davos, aged 46 years.

DIARY OF THE ASSOCIATION.

Date.		Meetings to be Held.
		JUNE.
13	Sat.	Last day for receipt of Voting Papers at Head Office *re* Council Election.
16	Tues.	Warrington and St. Helens Divisions, Joint Meeting, Earlestown Town Hall, 4 p.m.
		Westminster Division. Criterion Restaurant; Dinner, 7.30 p.m.; Meeting, 8.45 p.m.
17	Wed.	London: Finance Committee, 2.30 p.m.
		London: Medico-Political Crime and Punishment Subcommittee, 4.15 p.m.
		Lancashire and Cheshire Branch, Annual Meeting, Knutsford; Lunch, noon to 1 p.m.; Meeting, 1 to 3 p.m.; Excursions, 3 to 6 p.m.; Dinner, 7.30 p.m.
		Surrey Branch, Annual Meeting, Reigate, 2.30 p.m.; Lunch, 1.15 p.m.; Dinner, 6.30 p.m.
		Leicester and Rutland Division, Annual Meeting, Leicester, 4 p.m.
		Yorkshire Branch, Annual Meeting, Bradford, 4.15 p.m.; Annual Dinner, 6.30 p.m.
18	Thur.	East Hertfordshire Division, Annual Meeting, Hitchin, 3 p.m.
		Kent Branch, Clinical Meeting, Kent and Canterbury Hospital, 3.15 p.m.
		Birmingham Branch, Annual Meeting, Birmingham, 3.30 p.m.
19	Fri.	Border Counties Branch, Crichton Royal Institution, 3 p.m.
20	Sat.	Munster Branch, Annual Meeting, Cork, 4.30 p.m.
23	Tues.	South-Western Branch, Annual Meeting, Plymouth, 12.30 p.m.; Luncheon, 1.30 to 2.30 p.m.; Dinner, 7 for 7.30 p.m.
24	Wed.	London: Council Meeting, 10 a.m.
		Worcestershire and Herefordshire Branch, Annual Meeting, Worcester General Infirmary, 3.30 p.m.
		JUNE (*continued*).
24	Wed.	North Lancashire and South Westmorland Branch, Annual Meeting, Lancaster, 3.45 p.m.
		Greenwich and Deptford Division, Annual Meeting, St. John's Church Room, Lewisham High Road, 4 p.m.
25	Thur.	Staffordshire Branch, Annual Meeting, Stoke-on-Trent, 4.30 p.m.; Dinner, 6.45 p.m.
26	Fri.	London: Metropolitan Counties Branch, Annual Meeting, 4 p.m.
		Sussex Branch, Annual Meeting, Worthing, 2.30 p.m.; Council, 12 noon.
		Edinburgh Branch, Annual Meeting, Royal College of Surgeons, 4 p.m.
		JULY.
2	Thur.	London: Insurance Act Committee (*provisional*).
		Cambridge and Huntingdon Branch, Annual Meeting, St. Ives, 12.30 p.m.; Luncheon, 1.15 p.m.
8	Wed.	Dorset and West Hants Branch, Bridport, 3.30 p.m.; Luncheon, 1.30 to 2.30 p.m.
10	Fri.	East York and North Lincoln Branch, Annual Meeting, Hull.
11	Sat.	London: Science Committee, 10.30 a.m.
14	Tues.	London: Metropolitan Counties Branch Council, 4 p.m.

ANNUAL MEETING, ABERDEEN, 1914.

Annual Representative Meeting, Friday, July 24th, and following days.

Presidential Address, Tuesday, July 28th.

Sections — Wednesday, July 29th; Thursday, July 30th; and Friday, July 31st.

Annual Exhibition, July 28th–31st.

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